

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other basis prohibited by law.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

To help us comply with government record-keeping, reporting, and other legal requirements, please fill out the Application Data Record. This information will only be used in accordance with federal regulations. We appreciate your cooperation.

This data will be kept in a Confidential File separate from the Application for Employment.

\*If you are a disabled veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information below. Submission of information relating to disability, veteran status or disabled veteran status is voluntary. Failure to respond will have no adverse effect on you or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

Date of application \_\_\_\_\_

Position(s) Applied For:  Full-time Firefighter/Paramedic  IFT  POC Firefighter

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  Other

Applicant's Name (Last, First, Middle) \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's Address (Number, Street, City, State, ZIP) \_\_\_\_\_

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### Affirmative Action Survey

Check one:  Male  Female

Check one of the following race/ethnic groups:

White  Black  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islands

### \*COMPLETION OF THIS SECTION IS VOLUNTARY

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual



CITY OF BEAVER DAM  
FIRE AND RESCUE DEPARTMENT  
**APPLICATION FOR EMPLOYMENT**  
205 S. Lincoln Avenue, Beaver Dam, WI 53916  
Phone 920-887-4609 / Fax 920-885-3699  
www.cityofbeaverdam.com

**INSTRUCTIONS:**

1. Application must be submitted to be considered for employment.
2. Answer all questions—complete the entire application.
3. Date and sign the application on the last page.

Date: \_\_\_\_\_

Position Desired: **Complete the Attached Addendum**

Position(s) applying for:  Full-time/Career Firefighter/Paramedic

POC Firefighter

Inter-Facility Transport Team

Full Name: \_\_\_\_\_

Address (Street, City, State, ZIP) \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about this job opening (referral source)?

Social Media  Online Website  City Website  Colleague/Friend  Firefighter Recruiter  Other

Name of referral source \_\_\_\_\_

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

May we contact your present employer regarding your qualifications?  Yes  No

Comments: \_\_\_\_\_

Are you a citizen of the United States or on a visa which will permit you to work here?  Yes  No

Are you at least eighteen (18) years old?  Yes  No



## EMPLOYMENT RECORD

Provide your employment history for the last ten years. List, in order, present employer first. Account for all periods between jobs. Include experiences in Armed Forces.

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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_

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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_

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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_

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**EMPLOYMENT RECORD (cont.)**

From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_

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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_

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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_

Job title or occupation: \_\_\_\_\_

Company name and address: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Supervisor's phone number: \_\_\_\_\_

Description of your duties: \_\_\_\_\_

Highest salary earned \_\_\_\_\_ per \_\_\_\_\_ Were you  Full time or  Part time?

Reason for leaving: \_\_\_\_\_



## WORK HISTORY

Have you ever been involuntarily terminated from employment?  Yes  No

Have you ever been disciplined during employment?  Yes  No

Have you ever resigned from a job after being informed your employer intended to terminate or discipline you?  Yes  No

Please provide an explanation for any question answered with a yes.

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## EDUCATION AND TRAINING

Did you graduate from high school?  Yes  No Dates attended: \_\_\_\_\_

If yes, name and location of high school: \_\_\_\_\_

If no, have you passed a high school equivalency or G.E.D. test?  Yes  No

Training beyond high school (college or university, technical college, military or other training you have received). Indicate credits earned or completed.

School and Location \_\_\_\_\_

Dates attended from (Mo/Year) \_\_\_\_\_ to (Mo/Year) \_\_\_\_\_

Major Fields of study \_\_\_\_\_

Credits earned \_\_\_\_\_ Degree \_\_\_\_\_

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School and Location \_\_\_\_\_

Dates attended from (Mo/Year) \_\_\_\_\_ to (Mo/Year) \_\_\_\_\_

Major Fields of study \_\_\_\_\_

Credits earned \_\_\_\_\_ Degree \_\_\_\_\_

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School and Location \_\_\_\_\_

Dates attended from (Mo/Year) \_\_\_\_\_ to (Mo/Year) \_\_\_\_\_

Major Fields of study \_\_\_\_\_

Credits earned \_\_\_\_\_ Degree \_\_\_\_\_

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## DRIVING RECORD AND HISTORY

Do you currently possess a valid Driver's License:  Yes  No

License Number \_\_\_\_\_ State \_\_\_\_\_

Do you currently possess a CDL?  Yes  No If yes, what class? \_\_\_\_\_

In the past 10 years, have you ever had a driver's license suspended, revoked or restricted?

Yes  No

If yes, indicate the date(s) and violations.

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Have you ever been cited, charged and/or convicted of operating a motor vehicle, snowmobile, or boat while under the influence of an intoxicant or with a legally prohibited blood alcohol concentration?

Yes  No

If yes, indicate the dates, county and state of occurrence.

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## CONVICTION RECORD

List any other names by which you have been known on official records. \_\_\_\_\_

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Please list **all** convictions, including felonies, misdemeanors and ordinance violations. Exclude parking offenses and convictions prior to your 18<sup>th</sup> birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances.

Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Place: \_\_\_\_\_ Court: \_\_\_\_\_

Action taken: \_\_\_\_\_

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Date: \_\_\_\_\_ Charge: \_\_\_\_\_

Place: \_\_\_\_\_ Court: \_\_\_\_\_

Action taken: \_\_\_\_\_

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## REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Reference's phone number: \_\_\_\_\_

Reference name and address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Reference's phone number: \_\_\_\_\_



**CITY OF BEAVER DAM FIRE DEPARTMENT  
CLASSIFICATION ADDENDUM**

Below is a list of all of the positions for which the City of Beaver Dam Fire Department is hiring. Please check the box next to each position for which you would like to be considered.

**Full-time/Career Firefighter/Paramedic**

Full-time firefighter/paramedics work a rotating 24 hour shift followed with 48 hours off. Duties include most traditional fire and EMS duties. All full-time members are motor pump operators as well. Other specialties are available such as rescue diver, public educator, and technical rescue.

- Firefighter/Paramedic
  - IFSAC Firefighter 1 Certification
  - Valid WI Paramedic License, or currently enrolled in a paramedic program
- Lateral Entry Firefighter/Paramedic
  - IFSAC Firefighter 1 Certification
  - Valid WI Paramedic License
  - 2+ years of experience as a career Firefighter/Paramedic
- Firefighter/EMT
  - IFSAC Firefighter 1 Certification
  - Valid WI EMT Basic License
- Paramedic/Firefighter-Trainee
  - Valid WI Paramedic License

**PAID-ON-CALL POSITIONS**

A paid-on-call employee is similar to the traditional volunteer firefighter with the exception that a paid-on-call member of the department is paid for some work activities. A paid-on-call employee lives or works in a close geographical area to the fire station. When fire department response is needed, paid-on-call employees are notified to report to the fire station by pager. A paid-on-call employee is paid for approved or assigned activities at an hourly rate set by the City.

- Paid-on-call Firefighter

**INTER-FACILITY TRANSPORT TEAM POSITION**

An inter-facility transport (IFT) team member of the department is a part-time position used to staff our IFT ambulance. The IFT member is an on-call position and is paid a stipend for stand-by and an hourly wage set by the City for actual transports.

- IFT EMT Basic
- IFT Advanced EMT
- IFT EMT Paramedic





## Fire Department Candidate Education, Training, and Experience Questionnaire

Please complete this form in its entirety. Your answers to the following questions will help us better evaluate your candidacy for employment. **Please attach a copy of any diplomas, transcripts, completion certificates, state certificates, or licenses that will verify your answers.**

### Educational History

Please check the box next to the highest level of education *currently* achieved:

- |  |  |
|--|--|
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree   |
| <input type="checkbox"/> Associate's Degree  | <input type="checkbox"/> PhD               |

For Associate's Degree or higher, is your degree in a fire service-related field?  Yes  No

### Firefighter Training and Certification

Please check the box next to each certification/training that you have *currently* achieved:

- |   |  |
|---|--|
| <input type="checkbox"/> Entry-level Firefighter                  | <input type="checkbox"/> Fire Officer 1    |
| <input type="checkbox"/> Firefighter 1                            | <input type="checkbox"/> Fire Officer 2    |
| <input type="checkbox"/> Firefighter 2                            | <input type="checkbox"/> Fire Instructor 1 |
| <input type="checkbox"/> Entry-level Fire Apparatus Driver—Pumper | <input type="checkbox"/> Fire Instructor 2 |
| <input type="checkbox"/> Entry-level Apparatus Driver—Aerial      | <input type="checkbox"/> Fire Inspector 1  |

Were the above certifications obtained in the State of Wisconsin?  Yes  No

If no, in which state are you certified? \_\_\_\_\_

### Emergency Medical Training

Please check the box next to the highest level of training/certification *currently* achieved:

- EMT-Basic  Advanced EMT  Paramedic  Critical-Care Paramedic

Were the above certifications obtained in the State of Wisconsin?  Yes  No

If no, in which state are you certified? \_\_\_\_\_

Are you currently enrolled in any of the following classes?

- EMT-Basic  Advanced EMT  Paramedic

When is your expected graduation date? \_\_\_\_\_

### National Incident Management System Training

Please check the box next to each certification/training that you have *currently* achieved:

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> ICS 100 | <input type="checkbox"/> ICS 400 |
| <input type="checkbox"/> ICS 200 | <input type="checkbox"/> ICS 700 |
| <input type="checkbox"/> ICS 300 | <input type="checkbox"/> ICS 800 |

### Previous Fire Department Experience

Total years of experience as a volunteer, Paid-On-Call, Paid-On-Premise, and/or Intern Firefighter? \_\_\_\_\_

Total years of experience as a career Firefighter on any fire department within the United States? \_\_\_\_\_

Total years of experience as a Firefighter serving the Beaver Dam Fire Department? \_\_\_\_\_



**Please Read Carefully**  
**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Beaver Dam or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment.

I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Beaver Dam.

I hereby release from liability and hold harmless the City of Beaver Dam and all persons and corporations supplying this information to the City of Beaver Dam and/or its agents. A photocopy of this authorization is as effective as the original.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_  
**(First, Middle, Last)**

The City of Beaver Dam is an Equal Opportunity Employer. The City will provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion national origin, sexual orientation, age, sex, veteran status, or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the City intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law. Those applicants requiring accommodation to the application and/or interview process should contact the City Clerk's office at 920-887-4600.

