

Kansasville Fire & Rescue Department



Employment Application

Please PRINT in Black ink, fill in all fields completely

Personal Information

Name (Last, Middle, First)	
Current Street Address	
City – State – Zip	
How long at this address?	____ Years ____ Months
Previous Address	
S.S. #	
Telephone	Home ()- Cell ()- Work ()-
Position applying for	<input type="checkbox"/> Firefighter/Rescue <input type="checkbox"/> EMS Only <input type="checkbox"/> Non Responding Volunteer
Occupation	
Driver's License	DL# State Exp
Has your license even been revoked/suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes explain giving dates _____
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state your age _____
E-Mail Address	
Travel time from Station	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Relationship to You	
Home Phone	
Work Phone	
E-Mail Address	

Volunteer Availability

Please indicate when you are generally available for service at this Department.

Weekdays

M T W TH F

Hours available – From _____ am/pm
To _____ am/pm

Weekends

SA SU

Hours available – From _____ am/pm
To _____ am/pm

Education

Name of High School Attended	
Address	
City ST	
Completed	___ Last grade complete Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	
Degrees Obtained	
Special skills, interests or hobbies	
Fire Service Training Courses completed and Certificates earned	Please attach photocopies of all certifications to this application

Employment

Current Employer

Company _____ From ___/___/___ to ___/___/___

City _____ State _____ Name of supervisor _____

Telephone (____)-_____ Position/Title _____

Primary job Responsibilities: _____

Leadership Experience _____

Personal Accomplishments _____

May we contact this employer? Yes No

Company _____ From ___/___/___ to ___/___/___

City _____ State _____ Name of supervisor _____

Telephone (____)-_____ Position/Title _____

Primary job Responsibilities: _____

Leadership Experience _____

Personal Accomplishments _____

May we contact this employer? Yes No

Fire/Rescue and/or EMS Experience

Na Have you ever applied to this Department before? Yes No

Na If Yes, date applied ___/___/___

Have you ever served in another Fire/Rescue department or EMS Agency? Yes No

If Yes, Please complete the following:

Name of Department or Agency _____ Phone ()-____-_____

Address _____ City _____ State ___ Zip _____

Dates of Service From ___/___/___ to ___/___/___ Reason for leaving _____

Please list your current level of training below:

Fire Certification
Current level _____ Cert # _____ State Issued _____

EMS License
Current level _____ License # _____ Exp ___/___/___

Highest rank you have held _____

Please list any Fire/Rescue and/or EMS related courses you have taken and where (name of institution)

Course Description	Certificate Date	School or Institution

Attach photocopies of all certificates to this application upon submittal

FIRE/RESCUE, EMS Reference

Please include a professional reference where you served.

Name of Department Official (i.e. Chief) _____

Company/Dept _____

Address _____ State ___ Phone ()-____-_____

Essay Questions

Why are you choosing to apply at Kansasville Fire & Rescue?

What do you consider to be your strengths?

What do you consider to be your weaknesses?

In your opinion, what do you feel you can bring to benefit this organization?

Personal References

READ CAREFULLY

Please list three persons as character references that you have known for at least three years and who are not related to you.

Name _____ Phone _____

How long have you known this person _____

Name _____ Phone _____

How long have you known this person _____

Name _____ Phone _____

How long have you known this person _____

Have you ever been convicted of any crime other than a MINOR traffic violation Yes No

If Yes, when, and what was the exact disposition of the offense?

Agreement and Signature – IMPORTANT INFORMATION READ CAREFULLY

EQUAL EMPLOYMENT OPPORTUNITY: The Kansasville Fire & Rescue Department values diversity in the workplace. Men and women of all ages, cultural and ethnic backgrounds, religious and political affiliation, national origins, and persons with disabilities are encouraged to apply.

TO APPLY: Complete and submit this Application Form. Application must be completed in full in order to be submitted. We may wish to contact you by mail or telephone. It is your responsibility to make sure contact information is accurate and current. Except the need to accommodate the needs of individuals with disabilities, office personnel cannot edit this application. Any and all changes must be made by the Applicant in person or through signed, written communication.

This application is neither a guarantee of membership nor an offer or membership.

CERTIFICATION AND AUTHORIZATION: I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose material misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicates that I have read the job description of the positions available to me and I understand that the job of a fire fighter and/or EMS responder is physically challenging. It is also understood that my membership as a responder is dependent upon successful completion of a physical examination and drug screening and that I receive a favorable background investigation.

I hereby authorize the investigation of all statements contained herein, and direct the custodian or any records relevant to the confirmation of these to release such information necessary for verification. I release any individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information.

I have read, or have read to me, the statements above and by my signature agree to these provisions.

Name (printed)	
Signature	
Signature of legal parent or guardian if Applicant is under the age of 18	
Date	

ADMINISTRATIVE REVIEW (For KFRD Staff Only)

Forms Submitted ___ Copy of DL ___ Background Check ___ Drug Screen ___

Initial Interview ___ Secondary Interview ___ Physical ___ Start Date ___/___/___

Status _____ Date ___/___/___ Evaluation Period End Date ___/___/___

Final Approval Sign-off By: _____ Date ___/___/___

Kansasville Fire & Rescue Department

Background Investigations

Waiver and Liability Release

In consideration of the Kansasville Fire & Rescue Department (Department), Town of Dover, Wisconsin processing my application for employment, I, _____ do hereby agree irrevocably agree to the following:

- 1) I understand that a thorough and complete background investigation will be conducted to determine by fitness and desirability as a candidate for employment.
- 2) I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Kansasville Fire & Rescue Department and the Town of Dover in its sole discretion, may deem appropriate, including: military, criminal, driving, or other governmental files and records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
- 3) I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Kansasville Fire & Rescue Department, the Town of Dover, or any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
- 4) I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions to the Kansasville Fire & Rescue Department and the Town of Dover as part of my background investigation.
- 5) I authorize any person or entity contacted by the Kansasville Fire & Rescue Department and/or the Town of Dover, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
- 6) I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Kansasville Fire & Rescue Department and/or the Town of Dover. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Full name

____/____/_____
Date of Birth

Current address

____-____-_____
Social Security Number

City State Zip

Drivers License Number

Signature

____/____/_____
Date