

Western Lakes Fire District

Application for Full-Time Employment



www.westernlakesfd.org

IMPORTANT INFORMATION

You **MUST READ** this before continuing with the application!

Completing this application is your **FIRST STEP** for consideration as an applicant. The application serves as a way to determine *if you can follow directions!*

YOU MUST follow these directions:

1. Complete all questions and fill in all blanks on the forms.
2. Turn in **EVERY** document required **WITH THE APPLICATION**. An application will **NOT BE ACCEPTED** if **ANY** of the documents are missing.
3. All information must be **TRUTHFUL, ACCURATE, and UP-TO-DATE**.

REMEMBER:

- If **ANY PORTION** of the application or the **REQUIRED** documentation is missing, the application will **NOT** be considered for employment until complete.
- If **ANY PORTION** of the application or the **REQUIRED** documentation is incorrect or false, the application will **NOT** be considered further for employment.

EMPLOYMENT PROCEDURE

1. COMPLETE APPLICATION ACCURATELY

Applications can be found and printed from the website www.westernlakesfd.org or picked up at any Western Lakes Fire District station. Completed application can be:

- Hand delivered or mailed (Western Lakes Fire District, 1400 Oconomowoc Parkway, Oconomowoc, WI 35066)
- Faxed to 262-431-4812
- Emailed to kmundt@westernlakesfd.org

You MUST include copies of your:

- Military discharge Form DD-214 (if applicable)

2. PARTICIPATE IN AN ASSESSMENT PROCESS WITH WLFD PERSONNEL

After reviewing the application and supporting documentation, the applicant will be asked to participate in an in-depth assessment process with WLFD staff.

3. COMPLETE A BACKGROUND AND REFERENCE CHECK

4. CONDITIONAL OFFER

Once WLFD has calculated the oral interview results, candidates selected for employment will receive a job offer contingent on passing a thorough background investigation, physical examination, psychological exam, and drug screen. Candidates will be scheduled for a complete physical examination and drug screen through Occupational Health. Upon satisfactory completion of all conditions, a final offer of employment will be made.

CHECK OFF SHEET

Tear off Pages 1-3 and keep for your records. Make one complete copy of the application after filling it out. Keep a copy for your records and turn in the original application and your other documentation.

REQUIRED ON THIS FORM

- Investigation Authorization
- Personal Information
- Education and Training
- Five Professional References (Include Separate Attachment)
- Employment History (minimum of 3 years)
- Criminal History
- Signature and Date

OTHER REQUIRED DOCUMENTATION

- Copy of Criminal History Records (if applicable)
- Military Discharge Form DD-214 (if applicable)

APPLICATION PACKET CHECKLIST

- This Completed Application
- Resume
- Cover Letter
- Five Professional References
- WLF D Chief Officer Questionnaire
- Copy of Applicable Fire & EMS Certifications

NOTE: Out-of-state EMTs must possess NREMT certification in order to be eligible for Wisconsin licensure. Out-of-state firefighter and driver/operator certifications must contain an IFSAC or Pro-Board seal.



WESTERN LAKES FIRE DISTRICT

1400 Oconomowoc Parkway, Oconomowoc, WI 53066

Phone: 262-567-8282 Email: info@westernlakesfd.org

BACKGROUND EXAMINATION AUTHORIZATION FOR RELEASE OF INFORMATION, WAIVER OF LIABILITY, RELEASE OF CLAIMS, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Authorization. I want and authorize the Western Lakes Fire District to conduct a thorough and detailed investigation of my personal history, including my employment history and education history, and including the employers, businesses, schools, entities and any persons named in my application, in any other documents filed with the District during the hiring process, or as otherwise learned of or contacted by the District, to give any information, including records, regarding my education, employment, character, and qualifications.

I want and authorize any person contacted to provide the District any and all information regarding my employment, education and other information about me, which may include, but not be limited to, information about my employment, performance, evaluations, work records (excluding workers compensation information, FMLA, WFMLA, and medical information, if any), wage rates, supervisors' comments, results of any and all testing (excluding medical tests), discipline, employment counseling, investigations, and any reports or letters, and complaints or allegations regarding any misconduct.

I agree to execute release authorization forms as required by the District or my current or former employers to request employment records from my present and/or former employer(s).

I authorize the District to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding my employment. I recognize that information received about my arrest or conviction record will be considered by the District only if it substantially relates to the employment position.

I understand this authorization is not an authorization for the District to conduct a credit history check under the Fair Credit Reporting Act. I understand the District will provide me with a separate conspicuous notice informing me of the District's decision to perform a credit history check, if the District decides to conduct and use such a check, and notice of my rights and ability to authorize and grant permission for the credit history check under the Fair Credit Reporting Act.

Waiver. I waive all rights to privilege or confidentiality that may exist with respect to the release of the above-referenced records and information. I waive my right of access to the records and information received by the District.

Release, Hold Harmless and Indemnification. I release, hold harmless and agree to indemnify the District, which includes all of its employees, officers, agents, attorneys, representatives, and investigators utilized by the District, and any employers, businesses, schools, entities and any other persons (collectively, the “Other Parties”) who provide information and records about me, from or for any liability, claims, judgments or damages related to providing any information or records and for the release of or the failure to release any information or records about me. I will indemnify and defend the District and the Other Parties from and against any and all claims, demands, actions and damages, including payment of their attorneys’ fees and costs, of whatever nature made or asserted by me or any person acting or claiming to act on my behalf against the District or the Other Parties related to or involving the release or use of these records and information about me, regardless of the outcome of the proceedings.

Understanding and Agreement. With knowledge of the circumstances and the rights that I give up, I freely sign this binding Agreement and waive the rights I might otherwise have to bring any claim against the District and these Other Parties and with full knowledge of my responsibility of indemnification of the District and these Other Parties. I understand that information provided to the District by the Other Parties may result in me not being employed by the District. I understand the District may no longer consider my application for employment if I did not agree to the terms of this Agreement. I recognize the responsibility the District has to others and the public through the District’s hiring practices, and I recognize the potential harm to others and the public and that the District’s costs of operations may be substantially higher if I did not agree to these terms. I waive my right to negotiate for different terms. If for any reason a court of competent jurisdiction finds any provision of this Agreement to be illegal or unenforceable, I want the offending provision to be deemed amended to the extent necessary to conform to the applicable law and for the fullest protection of the interests of the District and Other Parties.

I understand my personal information about me, including my gender, my birthdate and driver’s license number, are requested by the District for purposes of verifying my identity and to avoid mistaken identity and for purposes of conducting an effective and thorough background examination. I understand the District will not consider my age or any other protected status for purposes of its hiring decisions.

I understand and agree to these terms with full knowledge

Signature of Applicant: _____ Date: _____

Full Name: _____

Date of Birth: _____

Received by the Western Lakes Fire District by: _____

Date: _____

EMPLOYMENT APPLICATION

It is the policy of the Western Lakes Fire District to hire and promote the best qualified individuals available. To this end, no person shall be refused employment, denied promotion or assignment, discharged, or otherwise discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age, political affiliation, national origin, sexual orientation, physical or mental disability, or any other non-job related factor, except when certain physical and mental requirements are occupational qualifications. IN AN EFFORT TO MAINTAIN A SAFE AND HEALTHY WORKPLACE, APPLICANTS CONSIDERED FOR EMPLOYMENT ARE TESTED FOR DRUGS.

Please be sure you complete all sections of this application COMPLETELY, ACCURATELY, and LEGIBLY. This application will be used as part of the overall application process and should represent your best effort.

Position applying for:
How did you find out about the position you are applying for?

Personal Information				
First Name	MI	Last Name	Suffix	
Address	City		State	ZIP
Daytime Phone	Cell Phone			
Email Address				
List any other names by which you have been known on official records:				
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you possess a valid Wisconsin Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, License Number:				
Do you possess a valid Wisconsin Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> N				

Personal Information (continued)

Special skills or qualifications that may apply to the position:

List any memberships in professional or technical associations:

Current certifications, licenses, or registrations as a member of a trade or profession:

Education and Training
(Attach copies of diplomas and/or certificates)

Name and Location of High School

Highest Grade or Year Completed:

Do you have a High School diploma or GED equivalent?

Yes No

Training Beyond High School (College or University, or other schools you have attended)

<u>Name and Location</u>	<u>Dates Attended</u>	<u>Graduated?</u>	<u>Minor/Major</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any education and training which is not covered above, such as vocational school, correspondence courses, in-service training, or volunteer work which you feel is relevant to the job you are applying for:

References

(Minimum of five – do not list current or previous employers or relatives)

<u>Name</u>	<u>Phone Number</u>	<u>Occupation</u>	<u>Years Known</u>

Employment History

(Minimum of 10 years – list most recent job first)

Provide a complete description of your employment history for a minimum of 10 years, starting with your most recent job and work back. Be sure to include service in the Armed Forces. Explain any gaps between periods of employment. If more space is required, make additional copies of the form and attach to application.

Name and Location of Employer		Type of Business	
Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Dates Employed From: To:
Job Duties			
Supervisor's Name		Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Ending Salary <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	
Reason(s) for leaving:			

Employment History *(continued)*

Name and Location of Employer		Type of Business	
Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Dates Employed From: _____ To: _____
Job Duties			
Supervisor's Name		Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Ending Salary
<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year			
Reason(s) for leaving:			

Employment History *(continued)*

Name and Location of Employer		Type of Business	
Job Title		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Dates Employed From: _____ To: _____
Job Duties			
Supervisor's Name		Supervisor's Phone Number	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Ending Salary
<input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year			
Reason(s) for leaving:			

Criminal History

The Fair Employment Act (Sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested in this section may be used to determine whether an applicant should be accepted, accepted with limitations, or denied. The information you provide in this section will be verified against criminal information records. Failure to report required information on this form would be considered a false statement on this application.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Have you ever been convicted of any felony or misdemeanor offense(s) in Wisconsin or in any other state OR do you have any felony or misdemeanor offense(s) pending against you at this time? If yes, list each offense below and provide the following information for each offense: copies of the police report or criminal complaint/information, judgment of conviction and sentence, verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court, and verification of your compliance/completion of probation or parole.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Within the last 10 years, has your driver's license been suspended, revoked, or withdrawn in Wisconsin or in any other state OR do you have current pending charges that may result in the suspension, revocation, or withdrawal of your driver's license? If yes, list each offense below and provide a current driver abstract obtained from the Department of Transportation (DOT).</p>
<p>List all arrest(s), conviction(s), or offense(s), including dates and statuses:</p> 	

CAREFULLY REVIEW THIS APPLICATION AND YOUR ANSWERS AND READ THE DECLARATION BELOW BEFORE SIGNING.

- I have read all material in the application packet.
- I certify that all statements made in this application and any other materials completed or furnished as part of this application process are true, complete, and accurate to the best of my knowledge and belief.
- I further understand that any false statements or omitted information shall be considered sufficient cause for employment disqualification, or if already employed termination.

SIGNATURE OF APPLICANT

DATE

Admin Use Only

(1) Interviewed By		(1) Date Interviewed	
(2) Interviewed By		(2) Date Interviewed	
Notes, Comments, and Recommendations			
Hire Date		Will Report On Date	
Job Title	Salary/Hourly Rate	Employee Number	