Joint Application for Employment

IMPORTANT APPLICATION INFORMATION

Thank you for your interest in employment with **Lake Country Fire & Rescue (LCFR)** and **Western Lakes Fire District (WLFD)**. We appreciate your application and look forward to learning more about you and the possibility of you joining our team.

Please read and follow all instructions carefully. Failure to follow instructions or submit required documentation may result in your application not being considered.

Submission Instructions – LCFR & WLFD Joint Hiring Process:
This application is the only application that will be accepted for the 2027 Joint Hiring Process for Lake Country Fire & Rescue and Western Lakes Fire District.

Follow these professional steps to ensure your Lake Country Fire & Rescue (LCFR) and Western Lakes Fire District (WLFD) joint application is complete, accurate, and competitive. ***This process demonstrates attention to detail, a key trait for fire service roles.***

Gather Documents First: Collect all required items before starting: resume, cover letter, copies of Fire/EMS certifications (with license numbers and expiration dates), high school diploma/GED proof, college transcripts (if applicable), DD-214 (military discharge), criminal history records (if any), and driver abstract (if license issues). Have contact details ready for 10 years of employment history and five non-relative professional references.

Fill Out Completely and Accurately: Read every section and the job posting instructions fully before writing. Use black or blue ink if completing the application by hand; type directly into fillable PDF if digital (preferred). List employment chronologically (most recent first), covering at least 10 years with no gaps unexplained—note military service or volunteer fire/EMS roles. Tailor special skills and training to firefighter/EMT/paramedic requirements (e.g., NFPA certifications, NREMT). Check all position boxes you are eligible for and select only those matching your qualifications.

Review and Proofread: Double-check dates, names, phone numbers, and criminal history disclosures for accuracy. Inaccurate or incomplete information may disqualify you. Verify work authorization (U.S. eligibility) and age (18+). Have a trusted colleague review for errors, as typos can signal carelessness. Confirm all attachments match the checklist; missing required documentation may result in disqualification.

Submit Per Instructions: Email to jointhiring@westernlakesfd.gov. Submit early before deadlines to avoid issues. Save confirmation emails and a full copy for your records. Applicants may be contacted regarding next steps within 2-4 weeks after the application deadline.

Gain additional information about our Organizations: To gain additional information on Lake Country Fire & Rescue (LCFR) and Western Lakes Fire District (WLFD), visit their official websites at **www.lakecountryfire.com** for LCFR and **www.westernlakesfd.org** for WLFD employment details, organizational overviews (services we provide, station locations and apparatus, and the communities we serve). Explore social media channels such as Facebook and LinkedIn for recent events, training programs, community involvement and to understand our operations and culture.

APPLICATION PACKET CHECKLIST

Required on this form

- ☐ Background Examination Authorization / Investigation Authorization
- ☐ Personal Information
- ☐ Education and Training
- ☐ Certifications, Licenses, and Registrations
- ☐ Special Skills, Qualifications, and Professional/Technical Memberships
- ☐ Employment History (minimum of 10 years; include all fire/EMS employment – add pages if needed)
- ☐ Criminal History
- ☐ Professional References (minimum of 5; no relatives or personal friends)
- ☐ Signature and Date

Other Required Documentation (attach copies)

- ☐ Resume
- ☐ Cover Letter
- ☐ Copy of Applicable Fire & EMS Certifications and Licenses
- ☐ Copy of Criminal History Records (if requested/required)
- ☐ Military Discharge Form DD-214 (if applicable)
- ☐ ALL required materials must be submitted in PDF format.

REMEMBER: SUBMIT ALL APPLICATIONS to jointhiring@westernlakesfd.gov

This is a joint application for employment with either Lake Country Fire & Rescue or the Western Lakes Fire District. All candidates must indicate the position(s) for which they are applying.

Please check all that apply:

- ☐ **1. Full-Time Firefighter/Paramedic - Lake Country Fire & Rescue**
- ☐ **2. Full-Time Firefighter/Paramedic - Western Lakes Fire District**
- ☐ **3. Apprentice Firefighter/EMT - Western Lakes Fire District**
- ☐ **4. All positions for which I am eligible with both Agencies.**

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

AUTHORIZATION, WAIVER, RELEASE, AND AGREEMENT

Authorization to Investigate and Release Information

I authorize the **Western Lakes Fire District (WLFD)** and **Lake Country Fire & Rescue (LCFR)** (collectively, **"the Agencies"**) to conduct a thorough background investigation into my personal history, including my education and employment history, character, and qualifications. This includes contacting any employers, businesses, schools, agencies, organizations, and individuals identified by me, referenced in my application or supporting documents, or otherwise learned of by the Agencies during the hiring process.
I further authorize any person or entity contacted by the Agencies to provide the Agencies with any information and records related to my employment, education, performance, evaluations, work records, wage rates, supervisor comments, testing results (excluding medical testing), discipline, counseling, investigations, and any reports, letters, complaints, or allegations regarding misconduct. This authorization **excludes** workers' compensation information, FMLA/WFMLA information, and medical information.
I agree to sign any additional release authorization forms required by either Agency, or by my current or former employers, to obtain relevant records.

Criminal History and Driving Record Checks
I authorize the Agencies to obtain a criminal history background check and a Department of Transportation (driving record) check prior to making an employment decision. I understand that any arrest or conviction record information will be considered only if it is substantially related to the position for which I am applying.

No Credit Check Authorization
I understand this authorization does **not** authorize a credit history check under the Fair Credit Reporting Act (FCRA). If either Agency decides to request a credit history check, I understand I will receive a separate written notice and information regarding my rights, and I will be provided an opportunity to authorize or decline that check as required by law.

Waiver of Privilege/Confidentiality; No Right of Access
I waive any privilege or confidentiality that may apply to the release of the information and records described above. I also waive any right to access the information or records obtained by the Agencies during this background investigation, to the extent permitted by law.

Release, Hold Harmless, and Indemnification

I release and hold harmless the Agencies and their employees, officers, agents, attorneys, representatives, and any investigators used by the Agencies, as well as any employers, businesses, schools, organizations, and other persons or entities that provide information or records about me (collectively, the **"Released Parties"**), from any liability, claims, damages, or judgments arising out of or relating to the disclosure, release, or failure to release information or records to the Agencies.

I agree to indemnify and defend the Released Parties against any and all claims, demands, actions, and damages (including reasonable attorneys' fees and costs) asserted by me or anyone acting on my behalf arising out of or related to the release or use of such information or records, regardless of outcome, to the extent permitted by law.

Understanding and Agreement

I acknowledge that I am voluntarily signing this Agreement with full understanding of the rights I am giving up. I understand that information obtained during the background investigation may result in me not being selected for employment. I understand the Agencies may discontinue consideration of my application if I do not agree to these terms.

If any provision of this Agreement is found to be illegal or unenforceable by a court of competent jurisdiction, I intend that provision to be amended to the minimum extent necessary to comply with applicable law, and that the remainder of the Agreement remain in full force and effect.

Identity Verification

I understand the Agencies may request personal identifying information (including gender, date of birth, and driver's license number) solely to verify my identity, avoid mistaken identity, and conduct a thorough background investigation. I understand the Agencies will not use my age or any other protected status as a factor in hiring decisions.

I have read, understand, and agree to the terms above with full knowledge.

Signature of Applicant: _____ Date: _____

Full Name: _____

Date of Birth: _____

EMPLOYMENT APPLICATION

It is the policy of the Agencies to hire and promote the best-qualified individuals available. The Agencies do not discriminate in employment 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 or mental requirements are occupational qualifications. To help maintain a safe and healthy workplace, applicants considered for employment may be required to complete pre-employment drug testing.

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.

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? ☐ Yes ☐ No			
Do you possess a valid Wisconsin Driver's License? ☐ Yes ☐ No			
If yes, License Number:			
Do you possess a valid Wisconsin Commercial Driver's License? ☐ Yes ☐ No			
If yes, check all that apply: ☐ A ☐ B ☐ C ☐ D ☐ H ☐ 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)

Name and Location	Dates Attended	Graduated?	Minor/Major
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ 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 - no relatives or personal friends)

Name	Phone Number	Occupation	Years Known

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 backward. 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	☐ Full-Time ☐ Part-Time	**Dates Employed** From: To:
Job Duties		
Supervisor's Name	**Supervisor's Phone Number**	

May we contact? ☐ Yes ☐ No	**Starting Salary** ☐ Per Hour ☐ Per Year	**Ending Salary** ☐ Per Hour ☐ Per Year
Reason(s) for leaving:		

Employment History (*continued*)

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

Employment History (*continued*)

Name and Location of Employer		Type of Business	
Job Title		☐ Full-Time ☐ Part-Time	**Dates Employed** From: To:
Job Duties			
Supervisor's Name		**Supervisor's Phone Number**	
May we contact? ■ Yes ☐ No	**Starting Salary** ☐ Per Hour ☐ Per Year		**Ending Salary** ☐ Per Hour ☐ 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.	
☐ Yes ☐ No	**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.
☐ Yes ☐ No	**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).
List all arrest(s), conviction(s), or offense(s), including dates and statuses:	

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