



McFarland Fire & Rescue

Attention: Recruitment

5915 Milwaukee Street, McFarland, WI 53558

Phone: (608) 838-3278

Fax: (608) 838-3619

Paid on Call Application for Employment

Thank you for your interest in employment with the McFarland Fire & Rescue. The information presented on this application will in part determine your acceptance and may also be used as a basis for your employment in this organization.

If you need an accommodation at any time during the recruitment or employment process, please inform us of your needs. The McFarland Fire & Rescue is an Equal Opportunity Employer and provides equal opportunities for all qualified individuals. We do not discriminate against employees or applicants because of their age, race, gender, gender identity, sexual orientation, religion, color, creed, national origin, veteran status, unemployment status, disability, or any other classification regarded as protected under state or federal law.

Please answer all questions as completely, truthfully, and accurately as possible. Please type or print legibly in ink. If you have any questions regarding this application please contact the Human Resources Department.

This application is for Paid on Call (Volunteer) employment only.

Title of Position Applied For (Check all that apply)

EMT

EMT/Firefighter

Firefighter

PERSONAL DATA	
NAME (Last, First, Middle Initial):	Today's Date
Permanent Address (Number, Street, City, State, Zip)	
Home Telephone #: ()	
Cellular Telephone #: ()	
Email Address:	

EDUCATION AND TRAINING

Circle the highest grade in high school completed (check applicable year) and/or GED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No or GED			
Name of High School:			
College or University			
Name and Location	Dates Attended	Major or Field	Degree/Certification Earned & Year
Additional Training			
Name	Location	Dates	Type Earned

PERSONAL REFERENCES

List 3 personal references. Do not list the same persons listed under the “work experience” category or relatives.	
Name (Last, First):	Name of Business (if applicable):
Business or Home Address:	Phone Number
How long have you known this person?	Occupation:
Name (Last, First):	Name of Business (if applicable):
Business or Home Address:	Phone Number
How long have you known this person?	Occupation:
Name (Last, First):	Name of Business (if applicable):
Business or Home Address:	Phone Number
How long have you known this person?	Occupation:

CURRENT CERTIFICATION / LICENSURE:			
	Check One	License # (if applicable)	Expiration Date
Firefighter I	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Firefighter II	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Motor Pump Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Aerial Operator	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire Inspector	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire/EMS Instructor	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Fire Officer	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Vehicle Operations (EVOC/CEVO)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
CPR- (List level as given on card):	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EMT License level of license: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
NIMS ICS Courses	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please indicate if you are an instructor in any of these areas. Please **submit copies** of all applicable certifications if you checked yes to anything listed above.

Others (please list):

LICENSES AND CERTIFICATIONS

If required to drive a motor vehicle for the job you are applying for, do you have a current valid driver's license? If so, please give:

1) Driver's License Number: _____

2) State Issued: _____

3) Expiration Date: _____

4) Types of Licenses held: _____

5) Active, Suspended, Revoked, Limited: _____ If revoked, suspended, or limited currently or in the past, then please explain? _____

Are you eligible to work in the United States?

YES

NO

WORK EXPERIENCE

Beginning with your present or most recent job, list all your employers. You may also include volunteer or military experience relevant to the position for which you are applying. Please attach an additional sheet if necessary.	
Name of Company:	Supervisor(s) Name and Phone Number:
Full Address (Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full Address (Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	
Name of Company:	Supervisor(s) Name and Phone Number:
Full Address(Number, Street, City, State, Zip):	Job Title:
Dates of Employment:	
Start (mo/yr):	End(mo/yr):
Reason for leaving:	

Have you ever been terminated from employment? YES NO

Please explain: _____

PENDING CHARGES OR CONVICTIONS

Pending charges, criminal proceedings, arrests or convictions will not automatically exclude you from consideration for employment. The record and job will be considered on an individualized basis and consideration will be given if the pending charge or conviction is substantially related to the job. You may be asked to provide information regarding the underlying facts of each situation.

Have you ever been convicted of any violation of Municipal or City Ordinances, County Ordinances, State or Federal Law? YES NO

Are you the subject of any pending citation or proceeding alleging any violation of Municipal or City Ordinances, County Ordinances, State or Federal Law? YES NO

If yes, please list circumstances of the pending charges or law violation below (include traffic violations). Parking violations are not needed. Attach additional sheets if needed:

Date	Location and Jurisdiction	Violation	Disposition Status and Circumstances:

SCHEDULE AVAILABILITY

Please indicate the times you are able to work. Please understand that you may not necessarily be required to work during the times you list below. Times are estimates and understood to be typical.

Please use the following codes: A=Available, N=Not available, V=Varies			
	6 a.m. – 6 p.m.	6 p.m. – 6 a.m.	Other
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
Comments: _____ _____			

CERTIFICATION – PLEASE READ THIS CAREFULLY

I certify that the information I have provided in this application is true and complete, and I authorize investigation of the assertions I have made.

I understand that any false statement, omission, or misrepresentation concerning requested information on this application or provided by me during the hiring process or my employment shall be a sufficient basis for denial of employment or termination.

I understand that my pursuit of employment may be contingent upon the satisfactory completion of any or all of the following: interviews, skills or abilities testing, medical examinations, drug screening, background check, and investigation of my character, personal history, work record and references. I consent to a post-offer pre-employment health examination and such future examination as may be required by the McFarland Fire & Rescue Department.

I understand that I may be asked to sign a release and indemnification agreement regarding the background screening process. I understand that I may negotiate the terms of that agreement and that I will not be considered for employment if an agreement is not reached.

I understand that, if employed, my employment at all times shall be in an at-will capacity unless otherwise modified by law.

Signature of applicant

Date