

MOUNT HOREB AREA JOINT FIRE DEPARTMENT

Employment Application



APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date of Birth		Position Applied for		Date Available	
Have you ever worked for the district?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a valid WI Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Diploma or G.E.D.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
<i>Please list employment history for last 5 years, use additional sheets as needed.</i>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REQUIRED CERTIFICATIONS AND LICENSES:			
WI State Certified Firefighter Level II	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License #
WI State Licensed EMT-Basic	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WI State Licensed AEMT YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL TRAINING, SPECIAL COURSES, CERTIFICATIONS OR LICENSES

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE
As an applicant for Mount Horeb Area Joint Fire Department, an investigation into your background, character, employment, driving record, arrest and conviction history, etc. will be conducted by the department. Any falsification of information or misrepresentation will be cause for rejection. I hereby authorize the Mount Horeb Area Joint Fire Department and EMS to contact all references and to conduct any investigations necessary. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature _____ Date _____