



Village of Salem Lakes Fire/Rescue

11252 254th Court

Trevor, WI 53179

(262) 298-5630

www.villageofsalemlakes.org

Employment Application – Fire & Rescue Department

Instructions

Please print or type all the information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire or appointment as a member may be based on a rating of this application; therefore, completeness and accuracy are of the utmost importance. You may use additional sheets if necessary and may attach a resume.

Applicant Information

Full Name:

Date:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone ()

Cell Phone ()

Email (required)

Position applied for:

Type of employment desired: Full-Time ☐ Part-Time ☐

► Are you a citizen of the United States? YES ☐ NO ☐

► If no, are you authorized to work in the U.S.? YES ☐ NO ☐
If yes, when? _____

► Are you at least 18 years old? YES ☐ NO ☐

► Will you work shift work? YES ☐ NO ☐

► Are you or have you been a member of a volunteer/paid fire department or rescue squad? If yes, where? _____ Date: _____ YES ☐ NO ☐

► Have you passed the CPAT in the last 12 months? YES ☐ NO ☐
If yes, attach documentation. Expiration Date: _____

► Do you claim Veteran's Preference Points? If yes, attach documentation. YES ☐ NO ☐

► Have you ever been convicted of a crime in the last ten (10) years? YES ☐ NO ☐
If yes, explain: _____

For Office use Only:

Written Exam:

Background Check:

DL Check:

EMS Certification:

PFC:

Note: A conviction does not automatically mean you cannot be a member of or employed by the Village of Salem Lakes Fire & Rescue Department. The nature of the offense and how long ago it occurred are given consideration.

Driver's License Information

► Do you have a valid driver's license? YES ☐ NO ☐

Driver's License No. _____ State: _____ Expiration Date: _____

► Do you have automobile insurance? YES ☐ NO ☐

Name of insurance company: _____

► Has your license ever been revoked or suspended? If yes, provide details: _____

Education						
Do have a High School diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>				High School Name: _____		
GED? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, highest grade completed: _____				Address: _____		
List Colleges and Universities attended below:						
Name and Location	Credit Hours		Graduate		Field of Study	Degree Received
	Sem	Qtr	YES	NO		
List special training pertaining to the position you are applying for (Business, Trade, Vocational, Armed Forces, Schools, etc.) below. You may attach copies of your certificates. Attach additional sheets, if necessary.						
Name and Location	Hours Completed		Subject		Certificate Received	Expiration Date (if necessary)
Previous Employment						
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"/>		

Previous Employment Continued

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"/>		

References *(List 3 references that have known you for at least two (2) years. Do not include relatives.)*

Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	

Disclaimer and Signature

I understand if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using information and all other persons, corporations, or organizations for furnishing such information.

The employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: _____	Date: _____
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ATTACH COPY OF:

1. **VALID DRIVER'S LICENSE**
2. **CURRENT AUTO INSURANCE**
3. **APPLICABLE CERTIFICATES**

Authorization for Release of Information

I hereby empower an employee of the Village of Salem Lakes or authorized representative bearing this release to, within one (1) year of its date, obtain information and records pertaining to me from any or all of the following sources:

- Municipal, State, or Federal law enforcement agencies
- Selective Service System
- Any place of business (for purposes of obtaining credit or employment date)
- Credit rating bureaus or institutions maintaining individual credit rating files
- Any previous employer
- Any school, college, university, or other educational institution

I hereby release any individual or institution, including its offices, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. This release is executed to authorize the Village of Salem Lakes as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disability Act).
2. _____
3. _____

Date

Social Security Number

Witness

Signature (full name)

Address (street & number)

City, State, Zip

Village of Salem Lakes Fire/Rescue

General Operating Guidelines

Membership Guidelines

Al Carr, Interim Fire Chief

PURPOSE

The Village of Salem Lakes Fire/Rescue Department establishes criteria for membership within the organization ensuring Village of Salem Lakes Fire/Rescue Department's personnel provide professional levels of service while maintaining highest levels of integrity and ethical standards for the community.

OBJECTIVE

To provide the highest levels of service, criteria for membership must be established and maintained by the organization to ensure qualified personnel of integrity, honesty, and loyalty provide emergency services for the community.

SCOPE

All current and prospective members of the Village of Salem Lakes Fire/Rescue Department.

NOTE: The Village of Salem Lakes Fire/Rescue Department will not discriminate against any applicant or member based on age, race, sex, color, religion, national origin, disability, veteran status, sexual orientation, or status with respect to public assistance, or any other characteristic protected under state, federal, or local law.

MEMBERSHIP GUIDELINES

Application & Background Investigations

All prospective members will provide a Village of Salem Lakes Fire/Rescue employee application to Fire Administration. All applications will be forwarded to the Fire Chief for review.

All new candidates applying for any position within The Village of Salem Lakes Fire/Rescue Department will have a background investigation and driving record check. Information from the background investigation will be brought to the attention of the Fire Chief when the applicant is being considered for membership. Each application will be reviewed and discussed on an individual basis.

At the time of application proof of vehicle insurance, and a copy of the individual's driving license will be provided. A record and background investigation check will be performed and periodically performed for all members. This is necessary for compliance with State of Wisconsin law and standards of good practice. These investigations may be a random selection or selection based upon up-coming renewals or recertification.

Membership Requirements

All members or employees accepted into the Village of Salem Lakes Fire/Rescue are expected to become minimally certified as a State of Wisconsin Firefighter One as specified by the Wisconsin Technical College System Board or Wisconsin licensed EMT-Basic as specified by the Department of Health Services within one year of membership acceptance and the second certification within the next two years. The Fire Chief shall determine which certification training will be sponsored by Village of Salem Lakes Fire/Rescue first for each new member.

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The Fire Chief may waive this requirement for individuals that face hardships meeting this schedule due to the member's regular employment, family hardships, and if attending higher education courses.

The Village of Salem Lakes Fire/Rescue is a combination Fire and Emergency Services Department and recognizes the importance of its most valuable resource - the personnel whom provide that service. The department intends to fill all positions with dual certified Fire and EMS personnel. The department also understands the need to invest in personnel that desire not to perform at both certifications or can only obtain one of the certifications. Efforts by the individual must be made to obtain both certifications. Consequently the department shall set a number of positions to be filled at single certifications based on operational needs. Every year in October during the budget process the Fire Chief, working with the officers and staff of the department, will determine how many positions will be filled at each level of certification/licensure.

The Village of Salem Lakes Fire/Rescue has the authority to establish firefighter, medical response and non-emergency response personnel qualification requirements for all positions within the department. The department will adhere to Wisconsin State Law and requirements listed in the Wisconsin Department of Safety and Professional Services, Administrative Codes 330 and 332 and the Department of Health Services DHS 110 Emergency Medical Services Licensing, Certification, and Training Requirements.

The Fire Chief has the authority to hire part time and full time employees needed to fulfill the mission of the Village of Salem Lakes Fire/Rescue

Physical and Medical Requirements

In accordance with Wisconsin Administrative Code Department of Commerce Chapter 330, the Village of Salem Lakes Fire/Rescue will ensure firefighters who are expected to perform structural firefighting duties are physically capable of performing duties which are assigned to them during emergency operations. The Village may not permit a fire fighter with known heart disease, epilepsy or emphysema to participate in firefighting emergency operations unless a physician's certificate of the fire fighter's fitness to participate in such operations is provided. The Village will additionally ensure other employees not involved in structural firefighting duties but are involved in other emergency operations are medically and physically capable to perform the duties assigned.

Medical Physical Exam

Prospective employees, prior to employment, are required to undergo a thorough physical examination and drug screening within twelve months of appointment. The examination would require the employee to meet or exceed the requirements of National Fire Protection Association Standard 1582, *Standard on Medical Requirements for Firefighters*. All non-fire fighter emergency response employees will be required to undergo the same medical physical, however the physician providing the service under contract with the Village will recommend acceptance or non-acceptance of the employee based on the position requirements.