



# Black River Falls Fire Department



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Phone: 715-284-2656 • Fax: 715-284-4227  
Email: fire.chief@blackriverfalls.us

## Application for Employment

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

The Black River Falls Fire Department considers employment applications without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

PLEASE PRINT

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Work E-Mail Address: \_\_\_\_\_

Are you at least 18 years of age? YES NO Date Available to Start: \_\_\_\_\_

### POSITION INFORMATION

Position(s) Applying For:  Firefighter  EMT  AEMT  EMTP

Have you ever worked/volunteered for this organization? \_\_\_\_\_

If so, date(s) \_\_\_\_\_ prior position(s) here: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Hours Requested (please circle)  Full-Time  Part-Time  Paid Per Call

How did you find out about this position? \_\_\_\_\_

Do you have any relatives or friends working/volunteering here? \_\_\_\_\_

If Yes, Please list: \_\_\_\_\_

**CERTIFICATION INFORMATION**

(List only current certifications - photocopies required at interview)

Certification	Certification Number	Expiration Date	Certifying Agency
CPR			
National Registry			
EMT-T			
EMT/higher			
ELF(entry-level firefighter)			
FF Cert 1			
FF Cert 2			
EVOC			
Haz-Mat			

**WORK REQUIREMENTS AND GENERAL INFORMATION**

Can you provide proof, if hired, that you are eligible to work in the U.S.?      YES    NO

Do you have a valid Driver's License?      YES    NO

List all moving violations (convictions) and accidents and any suspensions or revocations of your license in the last five years: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted, or pled guilty or no contest to a felony or misdemeanor?

YES      NO

If yes, explain: \_\_\_\_\_

*A conviction will not necessarily disqualify you from employment.*

What is the approximate length of time it will take you to respond to a call from your home while obeying traffic laws? \_\_\_\_\_ From Work? \_\_\_\_\_

**EMPLOYMENT HISTORY**

(List your last three employers, starting with the most recent.)

**I.** Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact? YES NO

Reason for leaving: \_\_\_\_\_

**II.** Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**III.** Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Description (including duties and responsibilities): \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ May we contact?: YES NO

Reason for leaving: \_\_\_\_\_

**PAST EMPLOYMENT**

Have you ever been:

Disciplined or terminated for reckless driving?	YES	NO
Placed on probation or terminated for excessive absenteeism?	YES	NO
Disciplined or fired for insubordination?	YES	NO
Disciplined or fired for violation of safety rules?	YES	NO
Disciplined or fired for assault or fighting?	YES	NO
Disciplined or fired for harassment?	YES	NO
Disciplined or fired for patient abuse?	YES	NO
Disciplined or fired for alcohol or drug-related activity at work?	YES	NO

If you answered yes to any question above, please explain: \_\_\_\_\_

\_\_\_\_\_

*Answers of Yes for any of the above questions will not necessarily disqualify you from employment.*

**EDUCATION AND TRAINING**

**HIGH SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate?      YES      NO

If NO, highest grade completed: \_\_\_\_\_

Have you received your GED?    YES    NO

**COLLEGE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate?      YES      NO

If No, highest year completed: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

**TECHNICAL SCHOOL:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate?    YES    NO

If NO, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

**OTHER Technical Training in the Fire or EMS Field:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years completed: \_\_\_\_\_

\_\_\_\_\_

Did you graduate?    YES    NO

If NO, highest year completed: \_\_\_\_\_

Certificate: \_\_\_\_\_

License: \_\_\_\_\_

Expires: \_\_\_\_\_

Expires: \_\_\_\_\_

OTHER: \_\_\_\_\_

**EMS/FIRE SERVICE RELATED TRAINING NOT LISTED ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_

**EMS/FIRE/PROFESSIONAL AFFILIATIONS (other than listed under prior employment):**

\_\_\_\_\_  
\_\_\_\_\_

Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List **three** personal references, which know your work experience and education.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

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**ACKNOWLEDGMENT/CONSENT TO RELEASE**

The Black River Falls Fire Department thanks you for your interest and cooperation in completing this application. All answers are for the use of the Department and will be kept confidential. If accepted, you will be required to take a physical examination and drug screen, which will be paid for by the Department. Black River Falls Fire Department membership is also contingent on completing an agility test administered by the Department. Upon becoming a member, you will serve a one-year probationary period. Emergency Medical Personnel must have a state License or National Registry before starting employment with Black River Falls Fire Department unless Black River Falls Fire Department is sponsoring the applicant.

I hereby certify that the information outlined in this application for employment with the Black River Falls Fire Department is accurate and completed to the best of my knowledge. I understand that any misrepresentations or falsified statements on this application, whenever discovered, shall be considered sufficient cause for refusal to hire or dismissal after employment. I authorize the Black River Falls Fire Department to make any investigation of my prior educational and employment history and take any action necessary to verify the accuracy of any information I have provided in support of my application.

I further authorize all persons, current and former employers, supervisors, co-workers, schools, companies, corporations, organizations, entities, credit bureaus, courts and any governmental, law enforcement, criminal justice, licensing, and record-keeping agencies, and any other source of information to provide all information requested concerning my background, including without limitation, any criminal records.

I certify that I have read and understand this entire document, and I agree that a copy of this document is as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant