
APPLICATION PACKET



CHIPPEWA FIRE DISTRICT

Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Driver's License Number:	Have your Driver's License ever been suspended or revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Date of Birth	Social Security No.	Height	Weight		
Other than minor traffic violations, have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, explain:					
<p>All applicants may be required to take a physical evaluation to serve as an employee with the Fire District. This evaluation may include physical skills or tasks assisted with the position you are applying for. (Firefighter/EMT/Inspector/Driver/Diver ect). Please list any physical or medical issues you may have which may not allow you to participate in the physical agility evaluation phase of the application process. Please include any physical 'limitations or impairments' which may hinder you while functioning as a member of the Fire District.</p>					
Are you subject to:	Epilepsy YES <input type="checkbox"/> NO <input type="checkbox"/>	Fainting YES <input type="checkbox"/> NO <input type="checkbox"/>	Hypertension YES <input type="checkbox"/> NO <input type="checkbox"/>	Heart Problems YES <input type="checkbox"/> NO <input type="checkbox"/>	
Diabetes YES <input type="checkbox"/> NO <input type="checkbox"/>	Claustrophobia YES <input type="checkbox"/> NO <input type="checkbox"/>	Acrophobia (Fear of Heights) YES <input type="checkbox"/> NO <input type="checkbox"/>		Other:	
Are you willing to submit to a physical examination conducted by a physician of our choice to ascertain your ability to perform work as required?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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
List Fire Class Taken:					
List EMS Class Taken:					
List other Class Taken:					

attach a copy of your resume

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			
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"/>			
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"/>			

ADDITIONAL INFORMATION

Have you previously been a member of the Chippewa Fire District, or any other fire service organization, rescue squad, or EMS unit?

YES NO

If yes, explain:

Please write a summary of why you desire to become a member of the Chippewa Fire District. If there is not enough space, attach a separate page to this application.

DISCLAIMER AND SIGNATURE

I understand that I am applying (no guarantee) for a volunteer, part-time, or career position. If approved, accepted, and completion of my orientation, I may be offered a position. It will be my responsibility to stay up to date on all District SOP's, policies, guidelines, orders, rules, and regulations of the Chippewa Fire District. I will complete the minimum training for Firefighter and or Medical First Responder Class within 1 year from this date.

Signature

Date

Chippewa Fire District

Questionnaire

The check-off questions below provide a means of quickly reviewing your qualifications. Please circle "YES" or "NO" for each question.

- | | | |
|---|-----|----|
| 1. Are you able to work in United States? | Yes | No |
| 2. Have you ever been convicted of a felony? | Yes | No |
| 3. Do you have a valid driver's license? | Yes | No |
| 4. Have you ever had auto insurance withdrawn, cancelled, revoked, or refused? | Yes | No |
| 5. Have you ever been refused a driver's license? | Yes | No |
| 6. Has your driver's license ever been revoked, suspended or cancelled? | Yes | No |
| 7. Have you ever been convicted of any violation(s) of local or county ordinances, State or Federal laws (excluding traffic)? | Yes | No |
| 8. Have you every participated in any deferred prosecution or First Offender's Program? | Yes | No |
| 9. Have you ever been on court ordered probation? | Yes | No |
| 10. Have you ever been terminated from a job? | Yes | No |
| 11. Have you ever been suspended from a job? | Yes | No |
| 12. Have you ever been charged (criminally or not) of a domestic abuse related violation? | Yes | No |
| 13. Have you ever been charged (work place related or otherwise) with a Sexual Harassment or sexual related violation? | Yes | No |

If you wish to provide additional information for any of the questions listed above, you may do so by attaching additional information to this page. Your answers must be neatly printed.

ALL APPLICANTS MUST MAKE THIS CERTIFICATION:

I have read the job specifications and in my opinion, I meet the minimum requirements. I have read and made a complete answer to each question. I certify that my answers in each instance are true and correct, containing no misrepresentations, omissions or falsifications, and are complete. I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the Chippewa Fire District service.

Signature

Date

Chippewa Fire District
AUTHORIZATION FOR BACKGROUND
CHECK

Please read and sign this form in the space provided below. The Chippewa Fire District is under WI SS Chapter 50, 51, and 146 and as an EMS Responder Agency, we are required to complete a background check on all applications. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Chippewa Fire District to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Chippewa Fire District may utilize an outside firm or firms to assist with checking such information, and I specifically authorize such an investigation by information services and outside entities of the Chippewa Fire District's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Applicant Social Security Number

Applicant Driver License and State issues in

Signature of Applicant

Date

Please return completed application, questionnaire,
and authorization for background check to:

Chippewa Fire District
13140 30th Avenue
Chippewa Falls, WI 54729-7377