



Grand Chute Fire Department

Full-Time Firefighter

Application Packet

Personal Information		
Last Name:	First Name:	Middle Initial:
Street Address:	Apt.#:	
City:	State:	Zip Code:
Home Telephone:	Cell/Mobile Telephone:	
Driver's License Number:		
E-Mail Address (Required):		
Education		
High School Attended:		
City:	State:	
Did you graduate? () Yes () No	If no, GED Certificate? () Yes () No	
College Attended:		
City:	State:	
Did you graduate? () Yes () No	Degree/Major:	
Month and Year Attended: / to /		
College Attended:		
City:	State:	
Did you graduate? () Yes () No	Degree/Major:	
Month and Year Attended: / to /		
Technical/Trade School Attended:		
City:	State:	
Did you graduate? () Yes () No	Degree/Major:	
Month and Year Attended: / to /		
Certifications		
<i>List all certifications obtained including certification numbers and date of expiration:</i>		



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Employment History

Begin with your most current or recent employer:

Employer's Name: _____ Employer's Telephone Number: _____

Employer's Address: _____

Position Held: _____ From (Mo/Yr): / / To: / /

Current Employer: () Yes () No If no, reason for leaving?

Describe your job duties and/or responsibilities:

Supervisor's Name & Telephone Number:

May we contact your current employer/supervisor? () Yes () No

Employer's Name: _____ Employer's Telephone Number: _____

Employer's Address: _____

Position Held: _____ From (Mo/Yr): / / To: / /

Reason for leaving?

Describe your job duties and/or responsibilities:

Supervisor's Name & Telephone Number:

Employer's Name: _____ Employer's Telephone Number: _____

Employer's Address: _____

Position Held: _____ From (Mo/Yr): / / To: / /

Reason for leaving?

Describe your job duties and/or responsibilities:

Supervisor's Name & Telephone Number:

Military Experience

Attach a copy of Form DD214 (Discharge Status Papers)

Branch of Service: _____ () Active () Reserve

Mo/Yr Served: / / To: / / Highest Grade: _____

MOS/Job: _____

Branch of Service: _____ () Active () Reserve

Mo/Yr Served: / / To: / / Highest Grade: _____

MOS/Job: _____



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References

List three references. At least one reference must be a professional/employment reference:

Name: Telephone Number:

Profession/Title/Position:

Reference Type: () Professional () Personal

Approx. how long (years) has this individual known you?

Name: Telephone Number:

Profession/Title/Position:

Reference Type: () Professional () Personal

Approx. how long (years) has this individual known you?

Name: Telephone Number:

Profession/Title/Position:

Reference Type: () Professional () Personal

Approx. how long (years) has this individual known you?

Supplementary Information

Are you now or were you ever employed by the Town of Grand Chute? () Yes () No

If yes: Dates of employment (Mo/Yr): / / To / /

Position Held:

Reason for Leaving:

List any relatives employed by or currently holding an appointive or elected position with the Town of Grand Chute:

Are you currently 18 years of age or older: () Yes () No

Do you currently hold a valid State of Wisconsin Driver's License: () Yes () No

Have you ever been convicted of a felony? () Yes () No

If yes, please attach a separate sheet providing full information & disclosure



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Special Skills/Scholarships/Membership Organizations

Please list any special skills, scholarships or membership organizations that you believe should be considered:

Applicant Acknowledgement

Information provided and statements made as part of this employment application may be grounds for not employing you or for dismissing you after you accept a conditional offer of employment and begin work. All information provided and statements made are subject to verification.

APPLICANT CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT AND TRUC TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED BY THE TOWN OF GRAND CHUTE, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED CAUSE FOR IMMEDIATE DISMISSAL.

Applicant's Signature:

Date Signed:

Official Use Only

Date Application Received:

Application Reviewed By:

Date:

Actions taken:

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Authorization for Release of Information and Release from Liability

To: ANY PERSON BEING SHOWN A COPY OF THIS AUTHORIZATION

I am an applicant for a position with the Town of Grand Chute. The department needs to thoroughly investigate my background to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that any relevant information concerning my personal and employment history is disclosed to the Town Department.

I hereby authorize any employee of the Town of Grand Chute to obtain any and all information, written or oral, typed or in the form of hard copy record, that you may have concerning me, including any criminal or driving record that I may have, my past and present employment, all educational records, records and/or oral statements relating to my reputation, my conduct, and my financial and credit status.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Town of Grand Chute to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release and hold harmless any individual, institution or agency, including its officers, employees, or other related personnel, both individually and collectively, from any and all liability for damages or whatever kind, which may at any time result to me, my heirs, my family, or associates, or any other person claiming on my behalf because of compliance with this authorization and request to release information or any attempt to comply with it, whether that released information be oral or written in nature. I direct you to release such information upon request of the representative of the Town of Grand Chute, regardless of any agreement I may have made with you previously to the contrary. The Town Department requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Town of Grand Chute's acceptance and processing of my application for employment, I agree to hold the Town of Grand Chute and its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to offer me a position.

I hereby waive any rights to inspect, review or otherwise obtain the contents of the background investigation conducted by the authorized agent of the Grand Chute Police Department, including any and all rights I may have under Chapter 103 and Chapter 19 or any other sections of the Wisconsin Statutes. I further waive any other rights I may have to inspect or view, or have produced to me the contents of this background investigation as provided for in any other applicable document or statute, including but not limited to, any labor contracts or employment agreements or any federal statutory or administrative regulations.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for information. 'Genetic information' as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Should the Town inadvertently receive such information, the information will not be used for an employment decision, and will be destroyed.

