



GRAND CHUTE FIRE DEPARTMENT

Part-time Firefighter

Application Packet



Dear Applicant,

Thank you for your interest in becoming a member of the Grand Chute Fire Department. Becoming a member of our organization provides a tremendous opportunity to serve the community while gaining valuable experience. This application packet is your first step within that process.

The Grand Chute Fire Department is an Equal Opportunity Employer. However, we do have minimum requirements as provided under Federal and State Law. The minimum requirements are as follows:

- Be 18 years of age or older
- Valid State of Wisconsin Driver's License
- No convictions for any felony, serious misdemeanor, or crimes of "moral turpitude"

The application packet contains multiple forms and will ask for detailed information. Before filling anything out, please read each form carefully and understand what is being asked of you. Any application packet that is received which is not legible or complete will be rejected. Your packet contains the following forms:

- General Employment Application
- Authorization to Release Information
- Physician's Letter of Approval
- Waiver & Release of Liability

*Due to the scheduling and availability of physicians, it is understood that the Physician's Letter of Approval Form may not be completed by the application deadline. However, this form must be received prior to you checking in for the physical agility test. All other materials are due by the application deadline.

Along with the above forms, you are encouraged to include a professional resume, copies of any certifications or professional licensures and any other documents that you believe should be considered as part of your application for employment.

2250 Grand Chute Boulevard, Grand Chute, Wisconsin 54913
Headquarters: (920)832-6050 Fax: (920)832-1606



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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	
<i>Begin with your most current or recent employer:</i>	
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	
<i>Attach a copy of Form DD214 (Discharge Status Papers)</i>	
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	
<i>List three references. At least one reference must be a professional/employment reference:</i>	
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 TRUE 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

(for official use only, not to be released to unauthorized persons)

I hereby empower an employee of the GRAND CHUTE FIRE DEPARTMENT or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

- 1. Municipal, State or Federal law enforcement agencies*
- 2. Selective Service System*
- 3. Any banking institution*
- 4. Any place of business (for purposes of obtaining credit or employment data)*
- 5. Credit rating bureaus or institutions maintaining individual credit rating files*
- 6. Any previous employer*
- 7. Present employer*
- 8. Any school, college, university or other educational institution*
- 9. Any fire service certification or licensing board of Wisconsin or any other state*

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 Disabilities Act).*
- 2. _____*
- 3. _____*

*This release is executed to authorize _____,
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.*

Date of Birth

Signature (full name)

Print Name (Full, Middle, Last Required)

Address (Street and Number)

Today's Date

City

State

Zip

Witness: _____

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PHYSICIAN'S LETTER OF APPROVAL

Dear Physician,

The applicant named below has applied for the position of Firefighter with the Grand Chute Fire Department. The selection process includes a physical agility testing process which consists of:

1. Aerial ladder Climb to a height of 75 feet at approx. 60 degree angle. Candidate will be required to wear a protective helmet, gloves, and safety harness.
2. Victim Drag to a distance of 100 feet. The victim will be a training mannequin weighing in excess of 75 pounds but no more than 200 pounds. The applicant will not be permitted to perform an over the shoulder carries.
3. Crawl on hands and knees to follow a hose line 100 feet while wearing an obscured facemask.
4. Drag a hose line 100 feet, then pull a hose line 100 feet.
5. Perform a simulated ventilation exercise by using a sledge hammer to move a weighted sled or beam a short distance. Sled or beam shall be on the ground.

The candidate will be required to complete the physical agility test as part of the selection process. As the primary care physician for the candidate, and fully understanding the five agility testing stations as described above, you as the primary care physician for the applicant listed on this document hereby agree to and certify that the candidate is in good physical health with no restrictions and that the candidate can actively participate in the physical agility testing process.

Physician Signature

Date

Location/Affiliation

Telephone

Candidate Name

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WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of my application for membership, being permitted to participate in Grand Chute Fire Department's physical agility practice and testing activity, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree and represent that I understand the nature of the physical agility testing activity, and that I am in good health, and in proper physical condition to observe and participate in such activities. I believe and represent that my skill level is very low for any activities in which I will participate. I further agree that I will wear all safety and personal protective gear that is required at all times.
2. Fully understand that: (a) physical agility practice and testing activity involve risks and dangers of damage to personal property and serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by my own actions and or inactions of others participating in the activity, the conditions environment in which the activity takes place, or negligence of the "Releases" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risk and all responsibility for losses, cost, and damages I incur as a result of my participation.
3. Hereby release, discharge, and covenant not to sue the Grand Chute Fire Department or Town of Grand Chute or any participants ("Releases") and, if applicable, owners and lessors of the premises on which the activity takes place (each consider one of the "Releases" herein) from ALL Liability, claims, demands, losses, injuries, damage to property, or other damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

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I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

This "Waiver and Release of Liability" will remain in effect until cancelled in writing.

Print Name

Signature

Address

Telephone

Date