

# Village of Kronenwetter

## Application for Employment

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Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In

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Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE

Telephone Number (\_\_\_\_) \_\_\_\_\_

Have you filed an application here before?  YES  NO If yes, give date \_\_\_\_\_

Have you ever been employed here before?  YES  NO If yes, give date \_\_\_\_\_

Are you employed now?  YES  NO May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 YES  NO

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Seasonal

Are you on a lay-off and subject to recall?  YES  NO

Have you ever been convicted of any felony, misdemeanor, or other offense (including traffic violations) that was punishable by forfeiture, fine, jail, imprisonment, probation or parole:  YES  NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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At this time, are there any pending charges (including traffic violations) or offenses awaiting official charges or other possible disposition that could subject you to any of the above punishments?  YES  NO

If yes, please explain \_\_\_\_\_

Do you possess a valid Wisconsin driver's license?  YES  NO  
 Do you possess a valid WI CDL?  YES  NO  
 Drivers License #(s): \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Please list past employers from the last ten years beginning with your most recent employment. If necessary, list other employers on back of application or separate sheet of paper.

Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving				
Employer	Telephone ( )	Dates Employed		Work Performed
Address		From	To	
Job Title		Hourly Rate/Salary		
Supervisor				
Reason for Leaving				

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**EDUCATION:**

<b>SCHOOL</b>	<b>NAME &amp; LOCATION</b>	<b>DEGREE COMPLETED</b>
High School		
College / Technical School		
Describe Specialized Training, and/or Skills		

List special skills and qualifications applicable to the position sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES:** List 3 persons not related to you whom you have known at least 1 year

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE #</b>

***FIRE DEPARTMENT AND EMERGENCY MEDICAL SERVICE (EMS) APPLICANTS COMPLETE THE FOLLOWING SECTION:***

**(ALL APPLICANTS SIGN LAST PAGE)**

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Have you ever been a member of a fire department or EMS service?  YES  NO

If so, list department, position, reasons for leaving, and dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Do you have previous training in firefighting or EMS?  YES  NO

If so, list training, certifications, location, and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you accept phone calls at work?  YES  NO

Can you respond to emergency calls from work?  YES  NO

Are you available for evening drills?  YES  NO

In a brief paragraph, state why you wish to join this department:

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I understand that this application is not intended to be a contract of employment.

(Fire Department Applicants) I understand that all members of the Kronenwetter Fire Department are on probation for the first twenty-four months of their employment.

I hereby authorize the Village of Kronenwetter to investigate all statements contained in this application. I authorize the Village of Kronenwetter to obtain information regarding my education, experience, competence, character, or related qualifications.

I certify that all of the statements I have made are, to the best of my knowledge, true and if I am subsequently employed by the Village, I may be subject to discharge if they are found to be false.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview:  Yes  No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed:  Yes  No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Dept: \_\_\_\_\_

By: \_\_\_\_\_  
NAME/TITLE DATE