



VILLAGE OF KRONENWETTER FIRE DEPARTMENT

1582 Kronenwetter Drive
Kronenwetter, WI 54455

www.kronenwetter.org

Dear Fire Department Applicant:

On behalf of the Village of Kronenwetter Fire Department, I would like to thank you for your interest in our Department. The Village of Kronenwetter Fire Department is a combination department made up of a Fire Chief position, a Fire Captain position, and thirty paid-on-call (POC) firefighter and emergency medical technician personnel.

As an applicant for the Village Kronenwetter Department, you will be required to **completely** fill out the attached application form. You will be asked to provide copies of all pertinent licenses and training certificates. Upon submission, your application will be reviewed by the Fire Department Officers. If successful, you will then be invited to participate in an oral interview process. Contingent upon your successful completion of: pre-employment occupational health screening physical, testing of ability to lift a minimum of 50 pounds, drug screening and background investigation, you may then be offered employment with the Department.

The Village of Kronenwetter Fire Department requires that all prospective candidates for employment meet the following minimum qualifications:

- possess a valid Wisconsin driver's license;
- no theft convictions;
- no drug related convictions;
- not on probation.

Any misleading representations on the application or during the interview process by the candidate will result in immediate elimination of the candidate from the hiring process.

Thank you for considering employment with the Village of Kronenwetter Fire Department. We look forward to the possibility of your becoming a part of our Team.

Respectfully,

Roger James

Contact Phone numbers-

Roger James
Chief of Fire Department
715-573-6406

Jason Budnik
Deputy Chief
715-551-3780

Theresa O'Brien
Fire Dept. Secretary
715-571-0173

Employment Application



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Online (if so, which website) _____ Newspaper
 Employment Agency Friend Relative
 Walk-In Other _____

Name _____
FIRST MIDDLE INITIAL LAST

Address _____
NUMBER STREET CITY STATE ZIP

Email Address _____ Phone 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 If yes, may we contact current 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

VILLAGE OF KRONENWETTER - EMPLOYMENT APPLICATION

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: _____

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

Driver's License #(s): _____

NUMBER

STATE

EXPIRATION DATE

EDUCATION:

<u>SCHOOL</u>	<u>NAME & LOCATION</u>	<u>YEARS / DEGREE COMPLETED</u>
High School		
College		
Technical/Trade School		

Summarize special skills and qualifications acquired from employment or other experience: _____

VILLAGE OF KRONENWETTER - EMPLOYMENT APPLICATION

EMPLOYMENT EXPERIENCE: Please list your last 4 employers starting with the last first.

Fire Department applicants: Please list past employers from the last 10 years beginning with your most recent employment. If necessary, list other employers on separate sheet of paper.

Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				
Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				
Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				
Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				

VILLAGE OF KRONENWETTER - EMPLOYMENT APPLICATION

REFERENCES: Please list below 3 people not related to you, whom you have known for at least 1 year.

Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the Village of Kronenwetter.

I understand that any employment is conditioned on a background check. I also understand that this background check will include reviewing all publically posted social media accounts. I authorize the Village of Kronenwetter to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Village of Kronenwetter, without giving me prior notice of such disclosure. In addition, I release the Village of Kronenwetter, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Village Kronenwetter. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Village of Kronenwetter unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Village of Kronenwetter as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Village of Kronenwetter the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Village of Kronenwetter's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Village of Kronenwetter to hire. If hired, I agree to abide by all Village of Kronenwetter work rules, policies and procedures. The Village of Kronenwetter retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature of Applicant

Date

Employment Application

Fire Department Supplement



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

If so, please list:

<u>Department</u>	<u>Position</u>	<u>Reason for Leaving</u>	<u>Dates Employed</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

If so, please list:

<u>Training</u>	<u>Certifications</u>	<u>Location</u>	<u>Dates</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you able to lift and carry a minimum of 50 pounds? YES NO

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: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, (print name) _____, do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, to a Kronenwetter Police Department representative, a duly authorized agent of the Village of Kronenwetter whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of medical/health care providers, educational institutions, financial or credit institutions including records of deposits, withdrawals and balances of checking and savings accounts and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); polygraph and background investigations conducted by other departments, employee evaluation/performance reports, psychological reports, complaints or grievances files by or against me, and salary records; real and personal property tax statements and records wherever filed, including records of the Internal Revenue Service; records of complaint, arrest, trial and/or conviction for alleged or actual violations of the law, including criminal and/or traffic records; records of complaints of a civil nature made by or against me, whatsoever located, and to include the records and recollection of attorneys-at-law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, including access to my employee personnel files, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Village of Kronenwetter to consider in determining my suitability for employment by the Village. I also agree to release any and all employment applications and materials that I have submitted to other potential employers, regardless of whether I was ultimately hired by the employer or not. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically mentioned herein.

I understand that any information obtained by the personal history background investigation that is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Village of Kronenwetter. I understand that all materials pertaining to this background investigation become the property of the Kronenwetter Police Department and will not be returned to me.

By signing this release I acknowledge the fact that this background investigation and any and all documents produced as a result of the investigation are considered Staff Planning Documents pursuant to Wis. Stats 19.36 (10)(d) and therefore are not subject to release under the Open Records Law. I have had explained to me and I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from any and all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

(Signature of Applicant)

(Date of Signature)

(Date of Birth)

(Social Security Number)