

FOX VALLEY REGIONAL FIRE DEPARTMENT EMPLOYMENT APPLICATION 2019

(Equal opportunity employers functioning under an affirmative action plan)

One complete application and supporting documentation is to be submitted.
If your application packet is incomplete, your application will not be processed.

Send all materials to: James Austad, Fire Protection
Fox Valley Technical College
1825 Bluemound Dr, PO Box 2277, Appleton, WI 54912-2277

This application is for: (check all that you are applying for):	
<input type="checkbox"/> - Appleton Fire Dept.	<input type="checkbox"/> - La Crosse Fire Dept.
<input type="checkbox"/> - Antigo Fire Dept.	<input type="checkbox"/> - Marshfield Fire & Rescue
<input type="checkbox"/> - Beaver Dam Fire Rescue	<input type="checkbox"/> - Neenah/Menasha Fire Rescue
<input type="checkbox"/> - De Pere Fire Rescue	<input type="checkbox"/> - Oshkosh Fire Dept.
<input type="checkbox"/> - Fond du Lac Fire Rescue	<input type="checkbox"/> - Sheboygan Fire Dept.
<input type="checkbox"/> - Grand Chute Fire Dept.	<input type="checkbox"/> - Stevens Point Fire Dept.
<input type="checkbox"/> - Green Bay Metro Fire Dept.	

Last Name:	First Name:	Middle Initial:
Maiden/Former Name:	Email Address:	Date Available:
Mailing Address (Street):	City:	State:
		Zip Code:

Are You at least 18 years of age? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	21 years of age? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	Main/Primary Telephone Number:	Alternate Telephone Number:
Have you served in the U. S. Military? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	Military Dates & Status (also provide documentation &/or copy of DD-214):		
Do you have a valid driver's license? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	Driver's License Number:	State Issued:	Expiration Date:

Education and Training:

Name and location of high school attended:	Did you Graduate? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If you did not complete high school, do you have a GED equivalency? <input type="checkbox"/> - Yes <input type="checkbox"/> - No
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Education Beyond High School – College, University, or other schools you have attended.

Name and Location	Dates Attended		Credits Earned	Major Field	GPA	Degree Earned
	From	To				

Current Fire and EMS Certifications/Licenses

Check all current certifications/licenses you hold. These certifications are state/national certifications, not technical college course completion certificates. **Copies of certificates/licenses must be included with your application.**

Fire Certification	Date	Certification #	Emergency Medical Technician	License #	Nat'l Registry #
<input type="checkbox"/> - Firefighter I			<input type="checkbox"/> - EMR First Responder		
<input type="checkbox"/> - Firefighter II			<input type="checkbox"/> - EMT: Basic		
<input type="checkbox"/> - D/O - Pumper			<input type="checkbox"/> - EMT: Intermediate Technician		
<input type="checkbox"/> - D/O - Aerial			<input type="checkbox"/> - EMT: Intermediate		
<input type="checkbox"/> - Fire Inspector			<input type="checkbox"/> - EMT: Paramedic		
<input type="checkbox"/> - Fire Officer			Other Certifications		
<input type="checkbox"/> - Fire Instructor			Hazardous Materials: <input type="checkbox"/> - Operations <input type="checkbox"/> - Technician		
NIMS: <input type="checkbox"/> - 100 <input type="checkbox"/> - 300 <input type="checkbox"/> - 700			<input type="checkbox"/> - PADI or other SCUBA Certification		<input type="checkbox"/> - Confined Space
<input type="checkbox"/> - 200 <input type="checkbox"/> - 400 <input type="checkbox"/> - 800			<input type="checkbox"/> - Other (specify):		

Pending Certifications/Licenses

Check all PENDING certifications/licenses you are in the process of achieving. These certifications are state/national certifications, not technical college course completion certificates. **Proof of enrollment in certification classes must accompany your application.**

Fire Certification	Anticipated Cert. Date	Location	Emergency Medical Technician	Anticipated Cert. Date	Location
<input type="checkbox"/> - Firefighter I			<input type="checkbox"/> - EMR First Responder		
<input type="checkbox"/> - Firefighter II			<input type="checkbox"/> - EMT: Basic		
<input type="checkbox"/> - D/O - Pumper			<input type="checkbox"/> - EMT: Intermediate Technician		
<input type="checkbox"/> - D/O - Aerial			<input type="checkbox"/> - EMT: Intermediate		
<input type="checkbox"/> - Fire Inspector			<input type="checkbox"/> - EMT: Paramedic		
<input type="checkbox"/> - Fire Officer			Other Certifications		
<input type="checkbox"/> - Fire Instructor			<input type="checkbox"/> - Other (specify):		

Course Work and Related Certifications. Please list any related courses you have completed. Example: Computer Skills, Foreign Languages, Trench Rescue, High Angle Rescue, Confined Space.

Organizations, Honors and Awards. Please list organization(s) to which you belong or have belonged and honors or awards you have received relevant to the job for which you are applying.

After you submit your application, all certification/license or application changes must be forwarded directly to the Fire Department(s) to which you apply.

Employment History/Work Experience

Provide a complete description of your past employment history or work experience. Start with your most recent job. Include service in the armed forces. For part-time work, show the average number of hours per month. Indicate any changes in your job title under the same employer as a separate position.

Employer & Phone Number:		Type of Business:	Employer Address (City and State):	
Supervisor's Name:		Supervisor's Phone #:	Reason for Leaving:	Dates Employed:
Please list your position and job duties:				
May we contact this employer? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		If no, why not?		

Employer & Phone Number:		Type of Business:	Employer Address (City and State):	
Supervisor's Name:		Supervisor's Phone #:	Reason for Leaving:	Dates Employed:
Please list your position and job duties:				
May we contact this employer? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		If no, why not?		

Employer & Phone Number:		Type of Business:	Employer Address (City and State):	
Supervisor's Name:		Supervisor's Phone #:	Reason for Leaving:	Dates Employed:
Please list your position and job duties:				
May we contact this employer? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		If no, why not?		

Employer & Phone Number:		Type of Business:	Employer Address (City and State):	
Supervisor's Name:		Supervisor's Phone #:	Reason for Leaving:	Dates Employed:
Please list your position and job duties:				
May we contact this employer? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		If no, why not?		

Attach additional pages for additional work experience information

References (Do not include family, clergy, or past employers)

Reference #1 Name:	Reference #1 Address:	Reference #1 Phone:
Reference #2 Name:	Reference #2 Address:	Reference #2 Phone:
Reference #3 Name:	Reference #3 Address:	Reference #3 Phone:

Do you have any relatives who are employed by the organization to which this application is being submitted? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
If Yes, explain:

Notice to Applicants

Wisconsin Statutes, Section 19.36 (7), 64.09 (5), and 64.11 (7) require public employers to treat the following items as a public record: each applicant's application, recommendations, records, qualifications except as provided in Section 19.36 (7), Wisconsin Statutes which allows the identity of an applicant to remain confidential if the applicant requests in writing that the municipality not provide access to this information. If you choose not to have this information become a public record, you must make such a request in writing to the Human Resources Department. However, if you become a final candidate for any position with the municipality, your identity may be disclosed as required by law.

Applicant Testing Notification

Applicants with disabilities requiring special accommodations or considerations for any of our testing processes must contact Fox Valley Technical College – Fire Service Training prior to the date of the test to inform us of your request. No considerations will be made after tests have been administered.

Certification Statement (Please read, sign, and date the following statement):

I hereby authorize the municipality its employees, and its agents, to verify any information I have provided. In connection with, and duration of my employment (including contract for services) with you, I understand investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with the reasons for termination of past employment from previous employers. Further, I understand you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. (All inquiries are subject to the provisions of the Fair Credit Reporting Act)

I authorize my current and previous employers, educational institutions, banking, and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents, which by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless the municipality, their agents, employees, and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit of financial history. I further agree to release and hold harmless, any person or entity which provides accurate and further information to the municipality, or its agents in the course of conducting a background check for purposes of employment with the municipality. This release shall be valid for twelve (12) months immediately following the date of my signature below.

In compliance with the Privacy Act of 1974, the following information is provided: The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement of material omission on any part of your application may be grounds for termination from employment.

Last Name:		First Name:		Middle Initial:	Maiden/Former Name:	
Mailing Address (Street):			City:		State:	Zip Code:
Date of Birth:	Driver's License Number:			State:	Social Security Number:	
Signature:					Date:	

Background Information

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability, or any other legally protected status. If space available is insufficient for the following questions, use an additional sheet. **Do not misstate or omit** material fact, since the statements made herein are subject to verification to determine your qualifications for employment.

Last Name:	First Name:	Middle Initial:	Maiden/Former Name:	Date of Birth:
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Residences: List chronologically ALL of your past residences (include addresses while attending school if away from home and all military addresses including any off military base).

Dates		Street Address	Apt. #	City	State
From	To				

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
If yes, state circumstances:	

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
If yes, explain, giving name and address of employer, approximate date, and reason:	

Arrest and Detention. Pursuant to Municipal policy, a criminal record will not be an automatic bar to employment and will only be considered as it relates to specific jobs.	
A. Have you ever been arrested or detained by a law enforcement agency?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
B. Have you been involved in any criminal court action?	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
If the answer to either of the above questions is yes, list below the date, place, and full details of each incident:	

Have you ever been convicted as an adult of any violations of the law? (including traffic violations) <input type="checkbox"/> -Yes <input type="checkbox"/> -No			
If you checked yes, list all (including all traffic violations) . Add another page if necessary.			
Date(s):	Location:	Nature of Offense:	Disposition:

Vehicle Operator's License(s). Give the following information concerning any vehicle operator's license (regular driver, commercial driver) you have held or now hold:			
Type of License:	Place/State of Issue:	Expiration Date:	Restrictions:

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
If yes, explain fully:

Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
If yes, give details, including reasons, names of companies, dates, etc.:

Availability for Work. Do you have any restrictions on availability for work? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
If yes, please describe:

Certification Statement (Please sign and date the following statement):

I certify that all answers to questions in this insert are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the City service. I understand that if any changes occur after application submission, it is my responsibility to notify the human resources departments to which I have applied.

Signature	Date
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Fox Valley Regional Fire Department Hiring Process “No Tobacco Use” Condition of Employment

Read, sign and date this form if you are applying for any of the following departments:

Appleton Fire Department
 Antigo Fire Department
 De Pere Fire Department
 Beaver Dam Fire Rescue
 Fond du Lac Fire Rescue
 Grand Chute Fire Department

La Crosse Fire Department
 Marshfield Fire & Rescue
 Neenah/Menasha Fire Rescue
 Oshkosh Fire Department
 Sheboygan Fire Department
 Stevens Point Fire Department

I acknowledge that by accepting employment with the Fire Department as Firefighter, EMT, or Paramedic, I am agreeing to the following condition of employment:

From the date of hire, I will not smoke, chew, or use any tobacco product(s) on or off duty during my duration of employment with the Department: and, further, if I do smoke, chew, or use any tobacco product(s) at any time while employed with the Department, I will be subject to dismissal for cause. I understand this condition, agree to it, and accept such condition of employment as a requirement for continued employment with the Fire Department.

Last Name:	First Name:	Middle Initial:
Signature		Date

Special Note: The Fire Department reserves the right to amend this at any time

Fox Valley Regional Fire Department Hiring Process Residency Requirements

Each department has different residency requirements. Complete this form if you are applying for any of the following departments:

Beaver Dam Fire Rescue:	Within 15 miles of City Limits within one year from date of hire
Antigo Fire Department	Within 15 air miles from Antigo City Limits
De Pere Fire Department:	Within 30 miles of the center of the Claude Allouez bridge within 12 months of hire
Fond du Lac Fire Department:	Within 15 miles of the jurisdictional boundaries of the City of Fond du Lac within 18 months after the date of hire
Grand Chute Fire Department:	Within 15 miles of any jurisdictional border of the Town of Grand Chute.
Green Bay Metro Fire Department:	In Brown County, counties contiguous with Brown County, or southern Door County within one year of hire
Marshfield Fire & Rescue:	No further away than 15 miles from the nearest City of Marshfield boundary no later than 60 days following one-year probation
Sheboygan Fire Department:	Within 45 miles of the edge of the City of Sheboygan border within 4 months of passing one year probation
Stevens Point Fire Department:	Must live in Portage County within 6 months of successful completion of probation.

Please read, sign and date the following statement.

I understand that as one of the conditions of my employment with the Fire Department, I must establish and maintain residence within the specified area within the required time frame. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all residency changes. I further understand that if I move outside of the specified area, my position will be vacated, and I will be deemed to have resigned employment with the City/District.

Last Name:	First Name:	Middle Initial:
Signature		Date

Recruitment Information

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance of employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. Filling out this form is voluntary and will be kept confidential. We ask for your cooperation in providing us with the following information:

Last Name:	First Name:	Middle Initial:	
Mailing Address (Street):	City:	State:	Zip Code:

Gender: -Male -Female

Age: - 18 to 23 - 24 to 28 - 28 to 33 - 33 to 40 - Over 40

Race/Ethnic Identification: (please check one)

- **White (not of Hispanic origin):** All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

- **Black or African American (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.

- **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

- **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

The American with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment."
 Based on this definition, are you an individual with a disability? -Yes -No

Are you a military veteran? -Yes -No

How did you find out about this employment opportunity?

- FVTC website or job posting?

- Newspaper or publication advertisement: which one?

- Other publication: which one?

- Fire department/city web site: which site?

- Job interest card (prior inquiry)?

- Online: which site(s)?

- Technical college posting (other than FVTC): which college?

- Word of mouth

- Other: (please specify)

CPAT Orientation/Practice Preference and Waiver

Acknowledgement and Waiver of CPAT Orientation and/or Conditioning Period and/or Practice Runs

This form must be signed before you will be permitted to take the Candidate Physical Ability Test (CPAT) if you did not attend the orientation and practice sessions prior to this test. Any organization administering CPAT as a condition of hire must ensure that all candidates were provided full and equal access to a CPAT orientation and practice program. The orientation and practice program must commence at least eight weeks before commencement of the official CPAT test date. This program is composed of two phases:

1. FVTC will provide each candidate a full and equal opportunity to attend at least two orientation sessions during which candidates will receive "hands-on" familiarity with the actual CPAT test apparatus. These required orientation sessions will be provided by certified Peer Fitness Trainers, fitness professionals, and/or CPAT trained firefighters (proctors). These individuals will familiarize each candidate with each CPAT task and the test apparatus. They will advise all candidates concerning specific conditioning regimens and techniques to help each candidate prepare for the CPAT test.
2. FVTC will provide each candidate a full and equal opportunity to attend at least two timed practice runs of the CPAT using CPAT apparatus. These required practice runs must occur within 30 days before the commencement of the official CPAT test dates. Following each practice session, certified Peer Fitness Trainers, fitness professionals, and/or CPAT-trained firefighters (proctors) shall help the candidates understand the test elements and how they can improve their performance and conditions.

This two-phased orientation and practice program is a mandatory condition for candidates taking the CPAT test; however, it is recognized that some individuals may be capable of passing CPAT without participation in these programs. These individuals may excuse themselves from this mandatory condition upon the receipt by the testing organization of a written and signed waiver acknowledging that the testing organization made available these programs on an equal basis to all candidates and that the candidate knowingly and voluntarily waived participation in the orientation and practice sessions.

Orientations and practice sessions are designed to give each candidate identical information regarding the test so that each will have the maximum probability for success. During the classroom orientation, candidates are shown the CPAT orientation video and are given the CPAT Candidate Preparation Guide. The orientation and practice sessions provide an equal and full opportunity for each candidate to view the test events, talk with qualified professionals and instructors and physically examine and use test equipment, tools, and props in a controlled and consistent setting. Candidates are directed to familiarize themselves with all elements of the test. Further information regarding the orientation and practice sessions may be obtained from the testing organization.

Important	<p>Unless you indicate otherwise, you will be scheduled for two CPAT Orientation Sessions and two CPAT Practice Sessions. If you are scheduled for these sessions, your attendance is expected and absences (when scheduled) will be tracked and reported to the respective fire departments.</p> <p>If you do not wish to be scheduled for (or do not plan to attend) these sessions, we ask that you indicate so that we may schedule these sessions accurately.</p> <p style="text-align: center;">I do not want to be scheduled for the following (check all that apply):</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> - Orientation Session #1</div> <div style="text-align: center;"><input type="checkbox"/> - Practice Session #1</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> - Orientation Session #2</div> <div style="text-align: center;"><input type="checkbox"/> - Practice Session #2</div> </div>	Important
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I have read and understand the nature of the orientation and practice sessions and the time period between orientation and actual CPAT administration. By executing this acknowledgement, I hereby knowingly and voluntarily waive my right to participate in the above-described orientation and/or practice sessions

Last Name:	First Name:	Middle Initial:
Signature		Date