



# SHOREWOOD HILLS EMS / FIRE DEPT

## APPLICATION FOR EMPLOYMENT



We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) applied for:		<input type="checkbox"/> Firefighter <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Ambulance Driver		<input type="checkbox"/> Internship Program <input type="checkbox"/> Other ( <i>explain</i> ):		Date of application:	
How did you learn about this opening?							
<input type="checkbox"/> Advertisement <input type="checkbox"/> School (MATC / UW)		<input type="checkbox"/> Friend <input type="checkbox"/> Relative		<input type="checkbox"/> Walk-in <input type="checkbox"/> Other ( <i>explain</i> ):			
Name: Last		First		Middle Initial		Date of Birth:	
Address: Number Street				City		State	Zip Code
Telephone Number(s):		Home:		Work:		WI Driver's License Number:	
		Cell Phone:					
e-mail address:						Social Security Number ( <i>optional</i> ):	

Have you completed any Firefighter training courses? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, specify which?  Entry Level Firefighter  Firefighter I  Firefighter II  
 Driver / Operator  Fire Instructor I  Fire Officer I

Have you completed an EMT-Basic course? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "no" above, are you currently enrolled in any course(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, specify which?  EMT Basic  Entry Level Firefighter  Firefighter I

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Conviction will not necessarily disqualify an application from employment*

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

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# ***EMPLOYMENT EXPERIENCE***

Start with your most recent job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

*Please continue on a separate piece of paper, if necessary*

## ***EDUCATIONAL HISTORY***

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College / Technical				
Graduate Professional				
Other (Specify)				

## ***SPECIALIZED TRAINING***

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

## ***ADDITIONAL INFORMATION***

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

## ***JOB RELATED SKILLS***

Summarize special job-related skills and qualifications acquired from employment or other experience:

# REFERENCES

1.	_____	_____
	(Name)	(Phone #)
	_____	
	(Address)	
2.	_____	_____
	(Name)	(Phone #)
	_____	
	(Address)	
3.	_____	_____
	(Name)	(Phone #)
	_____	
	(Address)	

List any friends, relatives or acquaintances that you know who are currently volunteering for the Shorewood Hills Fire Dept or EMS.

1.	_____	2.	_____
	(Name)		(Name)
3.	_____	4.	_____
	(Name)		(Name)
5.	_____	6.	_____
	(Name)		(Name)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized party of the Shorewood Hills Fire Department or Emergency Medical Service.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

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

\_\_\_\_\_  
Date