

# CAMPBELLSPORT FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

(Circle interests)

**Firefighter    Ambulance    Both**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State License was issued in: \_\_\_\_\_

### Work History

Begin with current or last job. Include Military and Volunteer service (exclude all protected organizations)

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer' Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer' Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer' Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If you need additional space, please attach a separate sheet of paper

May we contact your current employer:  Yes  No

### Education

Years Completed (circle number that applies): 12 13 14 15 16 17 18 +

High School: \_\_\_\_\_ Location \_\_\_\_\_ Degree: \_\_\_\_\_

Tech School: \_\_\_\_\_ Location \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Location \_\_\_\_\_ Degree: \_\_\_\_\_

Specialized Training, Skills, Apprenticeship, or any other experience/training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal

Have you ever applied with this department before:  Yes  No

Have you ever been employed with this department before:  Yes  No

Have you ever been convicted of any crime(s)/criminal activities:  Yes  No

If "Yes", explain: \_\_\_\_\_

(Conviction will not necessarily disqualify you from employment)

Have you ever been convicted for a traffic violation(s):  Yes  No

If "Yes", explain: \_\_\_\_\_

(Conviction will not necessarily disqualify you from employment)

### References (Non-family or Employers)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

(By providing these references, you give us the right to contact them as needed)

## Requirements for all Applicants

Must be 18 years of age or older, have high school diploma or equivalent to, reside within a 4 mile radius of the fire station, and possess, or be able to obtain by time of appointment, a valid Wisconsin State driver's license. Be able to read and write the English language, perform tasks involving regular, and at times, sustained physical labor such as but not limited to, walking over rough or uneven surfaces, bending, stooping, working in confined spaces, lifting and carrying moderately heavy (20-50 lbs.) to heavy (50-100 lbs.) items. Be able to perform tasks involving the operation of equipment that calls for full coordination of sensory and manipulative abilities in order to achieve full compliance to accepted standards.

Do you have any problems complying with the above requirements:  Yes  No

If "Yes", explain: \_\_\_\_\_

## Applicants Acknowledgement

I hereby certify that this application and any other materials and/or documents provided in this application process contain no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Village of Campbellsport representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the Village of Campbellsport only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States. Return completed applications to the Campbellsport Village Hall at 177 E. Main St.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application does not constitute an employment agreement/contract between the employer and applicant  
The Village of Campbellsport Fire Department is an Equal Opportunity Employer

## CAMPBELLSPORT FIRE DEPARTMENT

---

### AUTHORIZATION FOR BACKGROUND INFORMATION

I, (print your full name) \_\_\_\_\_, hereby authorize the Village of Campbellsport or an independent investigating agency to conduct a thorough investigation of my personal, professional, and social networking background including criminal and driving records for employment purposes.

I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the Village of Campbellsport only.

It is my intention that any copy of this authorization be as effective as is the original.

### PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Other Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year M or F

Social Security Identification Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date