



Mukwonago Fire Department
 1111 Fox St.
 Mukwonago, WI 53149
 262.363.6426/Fx
 262.363.6454

Employment Application

The Mukwonago Fire Department is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, nationality, disability, veteran status, or any other status protected under local, state, or federal law.

Applicant: Please Read the Following Instructions Before Answering Any Questions.

1. Please print in ink or type all information. Answer all questions as completely as you can, even if you are attaching a resume. Failure to complete the application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application and keep a copy of for your files.

Date: _____ Please mark all positions which you are applying:

Full-Time Paid on Premise Paid on Call

Available Start Date _____ Days/Hours Available to Work _____

How did you hear about the position? _____

APPLICANT INFORMATION

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____ Email _____

Are you legally entitled to work in the United States? Y N Social Security Number _____

Are you age 18 or over? Y N Date of Birth (MM/DD/YYYY) _____

Do you possess a valid Driver's License? Y N License# _____

Do you possess a valid Commercial Driver's License? Y N If Yes, check all that apply
A B C D H N

Special skills and qualifications that may apply to the position (please include all computer software that you can operate skillfully)

List memberships in professional or technical associations:

Current certifications, licenses, or registrations as a member of a trade or profession:

GENERAL INFORMATION

Have you ever applied for employment with this department before?

If yes, give date(s) and location(s): _____

Have you ever been employed with this department before?

If yes, provide date(s) and location(s): _____

Are any of your relatives presently employed with this department?

If yes, give name, relationship, and location(s): _____

Have you ever been convicted of a crime?

If yes, please explain: _____

Are any criminal charges or proceedings pending against you?

If yes, please explain: _____

Have you ever been discharged from any employment or asked to resign?

If yes, please explain: _____

Are you presently employed?

May we contact your present employer for references?

If no, please explain: _____

Please Note: A conviction record or a pending criminal charge will not automatically bar you from employment and will only be considered as it relates to the particular job in question.

EDUCATION

Name and Location of High School

Highest Grade or Year Completed

High School Diploma or GED Equivalency

Post High School Education—Technical School/College/University or Other

Name and Location	Dates Attended	Minor/Major	Degree	GPA	Graduate?
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N

Have you received any job-related training in the United States Military?

Please describe:

EMPLOYMENT HISTORY

Begin with current or most recent position and continue with all past employment. Attach additional sheet if necessary.

Employer _____ Employed _____ to _____ Phone _____

Address _____ Position(s) Held _____

Responsibilities _____

Supervisor _____ Starting /Ending Salary _____/_____

Reason for leaving: _____

May we contact this employer for a reference? Y N

Employer _____ Employed _____ to _____ Phone _____

Address _____ Position(s) Held _____

Responsibilities _____

Supervisor _____ Starting /Ending Salary _____/_____

Reason for leaving: _____

May we contact this employer for a reference? Y N

Employer _____ Employed _____ to _____ Phone _____

Address _____ Position(s) Held _____

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Supervisor _____ Starting /Ending Salary _____/_____

Reason for leaving: _____

May we contact this employer for a reference? Y N

Employer _____ Employed _____ to _____ Phone _____

Address _____ Position(s) Held _____

Responsibilities _____

Supervisor _____ Starting /Ending Salary _____/_____

Reason for leaving: _____

May we contact this employer for a reference? Y N

PERSONAL REFERENCES

Do not include relatives, current or previous employers.

Name	Phone Number	Occupation	Email	Years Known

NOTIFICATION AND AGREEMENT

The Mukwonago Fire Departments shall herein be referred to as "Employer," for the purposes of this agreement.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I agree that the Employer shall not be held liable in any respect if I am denied employment or my employment is terminated because of false statements, answers or omissions made by me on this Application for Employment or any other document.

It is the policy of the Employer to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, gender, national origin, marital status, expunged juvenile records or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam Era, and individuals with a disability and any other characteristics protected by Federal, State or Local law.

I understand that submission of an application does not guarantee employment. I further understand should an offer of employment be extended by the Employer that such employment with the Employer is At Will, for no specified duration and may be terminated by either the Employer or myself and at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions or statements of the Employer or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of the hiring department except the Fire Chief or Municipal Administrator, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreement must be made in writing and signed by the Fire Chief or Municipal Administrator.

I understand that, if offered a position with the Employer, I may be required to submit to a pre-employment medical examination, drug screening, and/or background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

In consideration for employment with the Employer, if employed, I agree to conform to the rules, regulations, policies and procedures of said department at all times and understand that such compliance is a condition of employment.

I understand that this application is considered current for thirty (30) days. If I wish to be considered for employment after this period, I must complete and submit a new application.

I authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to the Employer and/or any of its representatives, agents or vendors. I understand that the information my include but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it. I authorize the Employer to make such investigation if my medical history, as may be necessary only after I have received a conditional job offer by the Employer.

I fully release and discharge, absolve, indemnify, and hold harmless all parties involved from any and all claims, liability, demands, causes of action, damages or costs including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the party disclosing such facts knows are untrue.

I acknowledge that, in the event I am a finalist for the position to which I am applying, my application may be matter of public record, pursuant to Wisconsin's Open Records Law (Wisc Stat. § 19.36), and may be subject to disclosure.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application and any other accompanying or required documents.

Thank you for your interest in employment with us. Carefully review your application and your answers and this notification and agreement before signing.

Applicant Signature _____ Date _____