

Blooming Grove Fire Department

Application for Employment

Personal Information

Last Name _____ First _____ M.I. _____

Social Security Number _____ Driver License # _____

Present Address _____ City _____ State _____ Zip _____

Phone Number Day Time _____ Evening _____

Are you an U.S. Citizen or an Alien authorized to work in the United States? Yes No

Are you 18 years old? Yes No If no, when will you turn 18 years old? _____

Are you a Veteran of the United States Military Yes No Discharge Date/Type _____

Have you ever been charged with a felony? Yes No **include Traffic Violations*

If yes, please describe.

Offense	Date	Municipality	Result

Have you ever been convicted of a misdemeanor? Yes No **include Traffic Violations*

If Yes, please describe.

Offense	Date	Municipality	Result

Education

	Name and City of School	Course of Study	Degree/Diploma	Year
High School				
College				
Technical College				
Other(Specify)				

Work Experience

Employer _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Name of Supervisor _____

Dates of Employment: From _____ To _____

Duties performed:

Employer _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Name of Supervisor _____

Dates of Employment: From _____ To _____

Duties performed:

Employer _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Name of Supervisor _____

Dates of Employment: From _____ To _____

Duties performed:

May we contact any of your present or former employers? Yes No

Personal References

Name	Address	Phone	Years Acquainted

Please list any specialized training you have received that is relevant to the position that you are applying for. Please list name and date of training.

*I certify that the statements contained within this application are correct and true.
I authorize the investigation of all statements contained herein and the references listed above to give you any and all information concerning my present and previous employment and pertinent information they have personal or otherwise, and release all parties from liability for any damage that may result from furnishing the same to you.
I understand that if hired my employment is for no definite period of time and that my employment may be terminated at any time at the discretion of the Blooming Grove Fire Department Fire Chief.
I understand that this application will remain active for no longer than 90 days from the date the application is received.
I further understand that due to the nature of business of the Blooming Grove Fire Department criminal activity may lead to disqualification of this application from consideration of employment.*

Print Name _____

Signature _____ Date _____

**Blooming Grove Fire Department
Conditions of Employment**

Please check the condition of employment that best suits you.

I live within a six-mile radius of the Blooming Grove Fire Station at 1880 S. Stoughton Rd. Madison, WI 53716. I understand that during my six month probation I am required to attend all general fire department training held each month. I understand that I am required to obtain State of Wisconsin Firefighter 1 within one year of employment. I also understand that after my probation I am expected to attend at least one of the general fire department training each month. I further understand that if I do not fulfil my commitment to the Blooming Grove Fire Department, I may be subject to progressive disciplinary action, up to and including termination of employment. I agree to reimburse the Town of Blooming Grove for my physical and any Fire/EMS classes if I quit the fire department with in one year of hire.

I do not live within a six-mile radius of the Blooming Grove Fire Station at 1880 S. Stoughton Rd. Madison, WI 53716. I understand that during my twelve month probation I am expected to attend all general fire department training held each month. I understand that I am required to obtain State of Wisconsin Firefighter 1 within one year of employment. I also understand that I am required to log twenty-four hours of active duty each month, this can include monthly training and ride along time. If I am a member of a different fire department, any training that I attend with that fire department is eligible for credit with the Blooming Grove Fire Department but it must be logged. I further understand that if I do not fulfil my commitment to the Blooming Grove Fire Department, including but not limited to fulfilling the required on duty time, I may be subject to progressive disciplinary action, up to and including termination of employment. I agree to reimburse the Town of Blooming Grove for my physical and any Fire/EMS classes if I quit the fire department with in one year of hire.

I understand that if the Blooming Grove Fire Department selects me for employment, I will be expected to fulfil the condition of employment that I have selected above. If I do not fulfil my condition of employment I will face progressive disciplinary action up to and including termination of employment. I further understand that I may have my probation period extended for any reason that the Fire Chief of the Blooming Grove Fire Department deems necessary.

Print Name _____

Signature _____ Date _____

Blooming Grove Fire Department
Background Investigation
Waiver and Liability Release

In consideration of the Blooming Grove Fire Department processing my application for employment, I _____, do hereby irrevocably agree to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Blooming Grove Fire Department, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past and present employers, school, friends, relatives, or acquaintances; and any other sources of information available.
3. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Blooming Grove Fire Department or any of its officers, agents, or employees for any negligent or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinion to the Blooming Grove Fire Department as a part of my background investigation.
5. I authorize any person or entity contacted by the Blooming Grove Fire Department, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Blooming Grove Fire Department. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representatives.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Print Full Name _____

Current Address _____ City _____ State _____ Zip _____

Social Security Number _____ Birthdate _____

Signature _____ Date _____