

# Marinette Fire Department

## Application For Employment

(Rev. 09/2008)

We consider applicants for all positions without regard to the race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

**(PLEASE PRINT or TYPE)**

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How Did You Learn About Us?

- Advertisement       Friend       Walk-In  
 Employment Agency       Relative       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address Number	Street	City
	State	Zip Code
Telephone Number(s)	Fax	Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes       No

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

Have you ever been employed with us before?  Yes       No

If yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No

May we contact your present employer?  Yes       No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes       No

*Proof of citizenship or immigration status will be required upon employment.*  
 On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time       Part Time       Shift Work       Temporary

Are you currently on "lay-off" status and subject to recall?  Yes       No

Can you travel if a job requires it?  Yes       No

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

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

Do you qualify for preference points as a veteran and/or the spouse of a veteran per WI Stat. § 230.16(7)?  Yes       No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	WELL	FAIR
SPEAK			
READ			
WRITE			

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

Give name, address and telephone number of three references who are not related to you and are not previous employers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No  
 If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

Do you have any relatives employed by the City of Marinette?  Yes  No  
 If yes, state their names and relationship. \_\_\_\_\_

**Employment Experience (You must complete this section.)**  
**Resume attachments alone will not be accepted)**

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

Employer	Length of Service	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting                      Final	May we contact your employer or supervisor? Yes _____ No _____
Job Title	Supervisor	Reason for Leaving

Employer	Length of Service	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting                      Final	May we contact your employer or supervisor? Yes _____ No _____
Job Title	Supervisor	Reason for Leaving

Employer	Length of Service	Work Performed
Address		
Telephone Number (s)	<u>Hourly Rate/Salary</u> Starting                      Final	May we contact your employer or supervisor? Yes _____ No _____
Job Title	Supervisor	Reason for Leaving

**If you need additional space, please continue on a separate sheet of paper.**

**Special Skills and Qualifications**

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

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that a failure to completely fill out the application or follow its instructions may result in disqualification from possible employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview     Yes     No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer                      Date

Employed  Yes  No                      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title    Date \_\_\_\_\_