

APPLICATION FOR EMPLOYMENT FIREFIGHTER

PLEASE PRINT IN INK OR TYPE



City of Marinette

Marinette City Hall
1905 Hall Avenue
Marinette, WI 54143

The City of Marinette is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record or conviction record.

Answer all questions completely. Incomplete applications may be rejected. Any application submitted after the deadline will not be considered. A separate application is needed for each position applied for.

DATE: ___/___/___

PERSONAL	Last Name		First	Middle Initial	Maiden Name (if applicable)
	Street Address				Home Phone (include area code)
	City, State, ZIP				Business Phone (include area code)
	Email: _____				May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date available to begin work: ___/___/___		Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SS Number: _____ - _____ - _____		Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed by the City of Marinette before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's License Number: _____				If yes, give date and former name: _____
	State Driver's License issued: _____				
	Do you hold a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____				
	Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		Are you available for: <input type="checkbox"/> Shift work <input type="checkbox"/> Weekend work <input type="checkbox"/> Overtime		
High School Diploma/GED Date: ___/___/___			Name and location of colleges/tech schools attended:		
Further Education:					
<input type="checkbox"/> Certificate Date: ___/___/___					
<input type="checkbox"/> Technical Diploma/Degree Date: ___/___/___					
<input type="checkbox"/> Associate's Degree Date: ___/___/___					
<input type="checkbox"/> Bachelor's Degree Date: ___/___/___					
<input type="checkbox"/> Master's Degree Date: ___/___/___					
Field of Study: _____					
Do you have a pending criminal charge against you? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, Please indicate either <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony? Please explain: _____					
<i>NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.</i>					
MILITARY	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES				Branch of Service
	Describe your duties and any special training				Period of Active Duty (Month & Year)
					From
	Rank at Discharge		Type Discharge		
Date of Final Discharge					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATION		Summarize your professional accomplishments or civic involvement related to the job for which you are applying.			

OTHER SKILLS

- 1. Can you speak a foreign language? Yes No If yes, please indicate language(s) _____
- 2. Can you read a foreign language? Yes No If yes, please indicate language(s) _____
- 3. Can you write a foreign language? Yes No If yes, please indicate language(s) _____
- 4. Are you certified in first aid? Yes No Date of last certification: ____/____/____
- 5. Are you certified in CPR? Yes No Date of last certification: ____/____/____
- 6. Do you hold a valid driver's license? Yes No
If yes, please provide the Driver's License Number _____
- 7. Can you operate a motorboat? Yes No
- 8. Do you have a DNR Safe Boater Certificate? Yes No
- 9. What are your hobbies? _____

ADDITIONAL INFORMATION

What prompts you to make application for appointment to the City of Marinette Fire Department?

Do you have any special interest in fire work?

PERSONAL REFERENCES

Please give three personal references (do not list any former/present employers or family members)

Complete Name _____ Number Years Acquainted _____

Occupation _____ Telephone Number () _____

Address _____
Street City State Zip Code

Complete Name _____ Number Years Acquainted _____

Occupation _____ Telephone Number () _____

Address _____
Street City State Zip Code

Complete Name _____ Number Years Acquainted _____

Occupation _____ Telephone Number () _____

Address _____
Street City State Zip Code

Professional Employment

Please give accurate, complete full-time and part-time professional employment record. Start with present or most recent employer. Account for ALL TIME for the past 15 years. Indicate name used if different than name on this application. DO NOT REFER US TO YOUR RESUME! Resume and application are separated during selection and you will appear unqualified if you do not complete this section in its entirety.

History

Are you presently employed? Yes No

May we contact your present employer? Yes No

Company Name	Telephone	Employed (month and year) From To	
Address		Weekly pay Start Last	
Name of Supervisor	Job Title	Hours per week	Number Supervised
Responsibilities		Reason for leaving	

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AUTHORIZATION AND RELEASE

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with the City of Marinette's drug-free workplace policy. I also understand that this application is not, and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of my completing the application or throughout my employment, whichever is later.

Date ___/___/___

PRINT Name _____

Signature _____

It is the policy of the City of Marinette not to discriminate against any employee or applicant for employment, nor does the City of Marinette tolerate harassment of any kind because of race, religion, color, national origin, sexual orientation, pregnancy, age or gender. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

It is the policy of the City of Marinette to provide equal employment opportunities for all individuals, on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources Representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

Initial

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of me knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

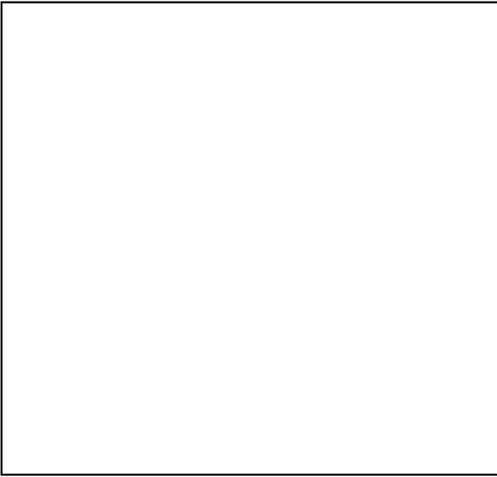
_____ I understand that I will be required to successfully pass a drug test to gain employment or continue employment with the City of Marinette I consent freely and voluntarily to participate in required drug tests, at a location selected by the City of Marinette I hereby release and consent to the release of the test results to the City of Marinette I hereby release and hold harmless the City of Marinette, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and decisions concerning employment based upon the results of these test. If employed by the City of Marinette, I understand that I am required to comply with the City of Marinette's drug-free workplace policy and refusal to submit to such testing will result in disciplinary action, up to and including discharge.

_____ I understand I will be required to take an employment test proctored by Marinette Fire Department Personnel, written by a third party testing organization. Further, I understand I will be required to provide proof of successful completion of a Candidate Physical Ability test or provide proof thereof a successful CPAP test not older than six months from date of hire.

PRINT Name _____

Date _____

Signature _____



Attach an unmounted full-face photograph of yourself, not larger than a 2 3/4 x 2 1/2 inches. Print your name plainly on the back of the photograph.

The photograph must be taken no later than three months prior to the date of application.

The following must be submitted with application. If any of the following is not submitted at the time of application, the applicant shall not be considered for employment.

- Proof of Completion of Firefighter I & II**
Acceptable Documents:
 - Certificate from Technical College
 - Pro Board Certificate
- Copy of State Driver's License**
- DD Form 214 – Record of Discharge (if served in the US Military)**
- CPAT certification (must be dated within the past 6 months)**

Check the Certifications completed and list any other certifications you feel are pertinent to this position.

Proof of certifications must be included with your application, if not included, your application will not be valid and therefore not considered.

- | | |
|--|--|
| <input type="checkbox"/> WI State Certified FF __I__II | <input type="checkbox"/> Trench/Collapse Rescue |
| <input type="checkbox"/> Driver/Operator-Pumper __Entry__ Certified | <input type="checkbox"/> Ice/Cold Water Rescue |
| <input type="checkbox"/> Driver/Operator-Aerial __Entry__ Certified | <input type="checkbox"/> WI State Certified Fire Inspector |
| <input type="checkbox"/> Tow Vehicle | <input type="checkbox"/> WI State Certified Emergency Services Instructor |
| <input type="checkbox"/> WI-DNR/Wildland FF | <input type="checkbox"/> WI State Certified Fire Officer __I__ II __III__IV |
| <input type="checkbox"/> WI-DNR Boater Certificate | <input type="checkbox"/> Child Passenger Safety Seat Technician |
| <input type="checkbox"/> WI/National Registry __EMR__EMT__Paramedic | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Hazardous Materials __Operation__ Technician __Specialist | <input type="checkbox"/> Homeland Security/Terrorist Specialist/Response to Terrorist Bombings |
| <input type="checkbox"/> Confined Space Rescue | |
| <input type="checkbox"/> Hi/Lo Angle Rope Rescue | |

I understand I must establish residency within 30 miles of the City of Marinette within 60 days of hire.

Signature: _____ **Date:** ___/___/___