

# CITY OF CEDARBURG - CEDARBURG FIRE DEPARTMENT EMPLOYMENT APPLICATION

Qualified applicants receive equal consideration. The City of Cedarburg – Cedarburg Fire Department does not discriminate in employment on the basis of any race, religion, national origin, sex, age, marital status, disability, sexual orientation, arrest or conviction record, or any other legally protected status.

## PERSONAL INFORMATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street
City
State
Zip

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email address \_\_\_\_\_

All offers of employment are contingent on the production of documents which verify eligibility to work in this country.

## EMPLOYMENT DESIRED

Check box that applies: Fire (Active)    EMS (Active)    Fire/EMS (Active)    Passive/Fundraising

Are you currently employed?    Yes    No    May we contact your employer?    Yes    No

Ever applied for a fire department before?    Yes    No    Where? \_\_\_\_\_    When? \_\_\_\_\_

How were you referred to the Cedarburg Fire Department? \_\_\_\_\_

## EMPLOYMENT HISTORY (List present or most recent employer first)

(1)    Name of Employer \_\_\_\_\_  
       Address \_\_\_\_\_  
       Date (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_    Salary \_\_\_\_\_  
       Position \_\_\_\_\_  
       Reason for leaving \_\_\_\_\_

(2)    Name of Employer \_\_\_\_\_  
       Address \_\_\_\_\_  
       Date (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_    Salary \_\_\_\_\_  
       Position \_\_\_\_\_  
       Reason for leaving \_\_\_\_\_

(3)    Name of Employer \_\_\_\_\_  
       Address \_\_\_\_\_  
       Date (Month/Year) From \_\_\_\_\_ To \_\_\_\_\_    Salary \_\_\_\_\_  
       Position \_\_\_\_\_  
       Reason for leaving \_\_\_\_\_

## FIRE / EMS CERTIFICATION / LICENSE / EDUCATION

Are you a certified Firefighter I in Wisconsin?	Yes	No	In another State? Yes	No	_____
Are you a certified Firefighter II in Wisconsin?	Yes	No	In another State? Yes	No	_____
Are you licensed as an EMT Basic in Wisconsin?	Yes	No	In another State? Yes	No	_____
Are you licensed as an Advanced EMT in Wisconsin?	Yes	No	In another State? Yes	No	_____

\*\*\* Please attach copies of your certificates, licenses and/or CPR card \*\*\*

Do you have any other previous Fire and/or EMS service experience?  
 If so, please provide organization name and a contact phone number \_\_\_\_\_

## EDUCATIONAL HISTORY

High School \_\_\_\_\_ Location \_\_\_\_\_ Did you graduate? Yes No

### **COLLEGE OR UNIVERSITY TRAINING:**

School \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Earned and Date \_\_\_\_\_

### **TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:**

School \_\_\_\_\_ Location \_\_\_\_\_ Subjects Studied \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

### **GENERAL:**

Subjects of Special Study: \_\_\_\_\_

Are you pursuing further studies? Yes  No

If yes, what studies? \_\_\_\_\_

## REFERENCES (List the names of three persons not related to you, who know of your work or qualifications)

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

## BACKGROUND INFORMATION

List past residences, chronologically, during the past three (3) years, not including your present address.

Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Date \_\_\_\_ to \_\_\_\_

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

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

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

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please provide an explanation:  
\_\_\_\_\_

Have you ever paid a civil forfeiture or fine for a non-traffic related offense (including municipal ordinance violations)? Yes No

If yes, please provide an explanation:  
\_\_\_\_\_

Do you have any pending charge(s) against you? Yes No If yes, please provide an explanation:  
\_\_\_\_\_

Have you ever been criminally charged with an offense that was held open, suspended or dismissed after you agreed to a pretrial diversion program, treatment, rehabilitation, restitution or other alternative? Yes No If yes, please provide an explanation:  
\_\_\_\_\_

(In reference to the above questions; a conviction, pending charge(s) or arrest, and/or an agreement is not an automatic bar to employment and will be considered only as it relates to the job in question.)

## PERSONAL STATEMENT

Indicate in a brief statement your interest in a position with the City of Cedarburg – Cedarburg Fire Department, personal qualifications, and special talents or experience which you believe demonstrates your potential to succeed in the position for which you are applying.

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## AUTHORIZATION

I authorize investigation of all statements contained in this application or made by me during my interview. I understand that misinterpretation or omission of facts called for may be cause for rejection or subsequent dismissal if hired. I also authorize any former employer, person, firm, corporation or government agency to disclose to the City of Cedarburg – Cedarburg Fire Department any information they may have regarding me. I understand that the employment information may 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 also understand that a thorough background check for records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations will be conducted by the Cedarburg Police Department, for which I have provided my driver's license information below. I agree that the City of Cedarburg – Cedarburg Fire Department shall not be held liable if I am denied employment or terminated following employment if it is verified that I submitted false statements or omitted substantive information.

**I release the City of Cedarburg – Cedarburg Fire Department, as well as any providers of information, from any liability and for any damage which may result from the furnishing of information provided during the background investigation of my application and interview except from the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.**

Applicant's Full Name (as shown on driver's license): \_\_\_\_\_

Applicant's Driver's License #: \_\_\_\_\_

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Please return application to us by one of the following methods:

**Email:** info@cedarburgfiredept.com

**Fax:** (262) 375-9203

**By Mail:** ATTN Fire Chief Cedarburg Fire Department PO Box 327 Cedarburg, WI 53012

**Deliver in Person to the Fire Department:** W61N631 Mequon Ave. Cedarburg, WI 53012