

**PLEASE RETAIN THIS PAGE FOR YOUR RECORDS**

# **FIREFIGHTER/PARAMEDIC APPLICATION STATEMENT**

## **City of Fond du Lac Human Resources Department**

~~~~~  
**An Affirmative Action & Equal Opportunity Employer**

City/County Government Center  
160 South Macy Street  
Fond du Lac, Wisconsin 54936-0150  
(920) 322-3624

Thank you for expressing interest in employment opportunities with the City of Fond du Lac Fire Rescue. Enclosed you will find an application packet for the position of Firefighter/Paramedic. An eligibility list is established at the conclusion of this recruitment. This list will be used to fill vacancies that occur in the Fire Rescue for a minimum of six – twelve months. The department reserves the right to extend this period for up to twenty-four months. **Please notify the Human Resources Department promptly if you have a change of address or phone number at any time during the recruitment process.**

We are an equal opportunity employer, and no question on this application is intended to secure information to be used for discriminatory purposes. Misstatements made on the application and/or applications that are incomplete, will be cause for rejection. Women and minorities are encouraged to apply.

This packet is a part of the examination process. Before completing the application, please read the minimum qualifications.

### **Minimum Qualifications:**

In order to have your application considered for possible employment as a Firefighter/ Paramedic, YOU MUST:

1. Be legally entitled to work in the United States.
2. Be at least 18 years of age.
3. Possess a High School Diploma or Equivalent.
4. Possess a current EMT-Paramedic license *by date of hire*.
5. Possess at least 15 college credits in a related field *by date of hire*.
6. Possess a Firefighter I, Firefighter II, Fire Inspector I, Haz Mat Operations, and Wisconsin Fire Apparatus Driver Operator (FADO) certificate *by date of hire*.
7. Successful completion of CPAT within 12 months of application and/or proof of full-time employment with paid Fire Rescue.
8. Possess a valid Wisconsin driver's license.
9. Have vision in each eye correctable to 20/20 with compatibility with fire rescue equipment such as breathing apparatus.
10. Sign the no-tobacco use agreement.
11. Be of sound mental & physical health and meet all established standards.
12. Successfully completed training in NIMS 100, NIMS 200, NIMS 700, and NIMS 800.
13. Possess current CPR certification.
14. Possess current Advanced Cardiac Life Support (ACLS) certification.
15. Reside within 15 miles from jurisdictional boundaries of the City of Fond du Lac *18 months after date of hire*.

THE CITY OF FOND DU LAC IS AN EQUAL OPPORTUNITY EMPLOYER. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

# City of Fond du Lac – Firefighter/Paramedic Application for Employment

An Equal Opportunity & Affirmative Action Employer

Human Resources Department  
 160 S MACY ST  
 FOND DU LAC, WI 54936-0150  
 (920) 322-3624

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

**GENERAL INSTRUCTIONS:** The application must be typewritten or clearly printed in ink. All questions must be answered if applicable. If not, indicate NA (not applicable). Applications, which are incomplete or illegible, will not be considered. If space available is insufficient, attach a separate sheet and precede each answer with the number of the reference block. If you have any questions, you may call the number shown above, Monday through Friday, 7:00 a.m. to 4:00 p.m.

|                                                                                                                                                         |                                                                                                                                                                         |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Last Name                                                                                                                                               | First Name                                                                                                                                                              | Middle Name |
| Address (Street No., Street Name, City, State, Zip Code)                                                                                                |                                                                                                                                                                         |             |
| Home Phone (Include Area Code)                                                                                                                          | Business Phone (Include Area Code)                                                                                                                                      |             |
| Social Security Number (optional)                                                                                                                       | Other Previous Names                                                                                                                                                    |             |
| Present e-mail address                                                                                                                                  |                                                                                                                                                                         |             |
| Please list relatives (name & relationship) working at the City of Fond du Lac                                                                          |                                                                                                                                                                         |             |
| Do you have any financial interest in any business or employment in another position that may conflict with your employment by the City of Fond du Lac? |                                                                                                                                                                         |             |
| If hired, can you verify employment eligibility to work in the U. S.?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                       | Do you claim Veteran's Preference Points?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, indicate dates of active duty and attach form DD-214) |             |
| Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> No                                                              |                                                                                                                                                                         |             |
| High School from which you graduated or institution where GED received: (school name, city & state)                                                     |                                                                                                                                                                         |             |
| Your name at time of attendance (if different) :                                                                                                        | Year Graduated or GED Date:                                                                                                                                             |             |
| Do you hold a current Paramedic license?                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |             |
| Do you hold a current FireFighter I certificate?                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |             |
| Do you hold a current FireFighter II certificate?                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |             |
| Do you hold a Certified Driver Operator certificate?                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |             |
| Do you have 15 college credits in an associated field?                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |             |
| Do you hold any other Degree(s)? (please list) _____                                                                                                    |                                                                                                                                                                         |             |
| <i>Please attach a copy of Certificates, Licenses or Transcripts if you indicated "yes" to any above.</i>                                               |                                                                                                                                                                         |             |

Do you hold an Associate or Bachelor's Degree in the Fire Science Field?

Yes     No    *Please attach a copy of Transcripts if you indicated "yes" to this question.*

If your transcript will be delayed or the institution wishes to mail it directly to the Fond du Lac Human Resources Department, indicate by checking here

If you checked "no", please indicate graduation date. \_\_\_\_\_

Do you hold a Wisconsin Paramedic licensure?

Yes     No    *Please attach a copy of Transcripts if you indicated "yes" to this question.*

If your transcript will be delayed or the institution wishes to mail it directly to the Fond du Lac Human Resources Department, indicate by checking here

If you checked "no", please indicate graduation date. \_\_\_\_\_

*Please attach a copy of your license if you indicated "yes".*

Please list any special accommodations that you may need to participate in this selection process:

**PRE-EMPLOYMENT AGREEMENT**  
**between the**  
**CITY OF FOND DU LAC FIRE RESCUE**  
**And**

\_\_\_\_\_ (PLEASE PRINT)

A Firefighter / Paramedic's duties and responsibilities sometimes require working in a smoke-filled environment and/or hazardous environment. In recognition of these occupational hazards, special privileges are granted to firefighters regarding disability retirements State Statute 40.65 (Heart and Lung Bill). The City recognizes the need to minimize effects on employees and provides self-contained breathing apparatus for all hazardous situations. The applicant by signing below, agrees to recognize his/her part and agrees not to smoke or use any type of smoking materials or tobacco during his/her employment with the City of Fond du Lac, whether on or off duty. Violation of this agreement will be cause for immediate dismissal.

Agreed to by: \_\_\_\_\_ Date \_\_\_\_\_

(Applicant Signature)

**REFERENCES** - Give names of three (3) persons not related to you who are NOT past employers, who know your strengths and weaknesses.

|                                  |                                         |  |
|----------------------------------|-----------------------------------------|--|
| Name                             | Business/occupation                     |  |
| Address (Street, City, Zip Code) | Phone No. (Include Area Code)<br>(    ) |  |
| Name                             | Business/occupation                     |  |
| Address (Street, City, Zip Code) | Phone No. (Include Area Code)<br>(    ) |  |
| Name                             | Business/occupation                     |  |
| Address (Street, City, Zip Code) | Phone No. (Include Area Code)<br>(    ) |  |

## EMPLOYMENT INFORMATION

EXPERIENCE: Show complete experience by position beginning with your present or most recent position, for at least five years, including military and volunteer experience. Make additional copies of this page if needed and attach directly behind if necessary. You may attach a resume also; however, it may not take place of the information asked for below in the application.

|                                                                                                     |     |                                                                                                          |
|-----------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------|
| <b>Employer Name/Address:</b>                                                                       |     |                                                                                                          |
| City/State/Zip:                                                                                     |     | Phone ( )                                                                                                |
| Dates Employed: From                                                                                | To  | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary |
| Supervisor's Name:                                                                                  |     | Your Job Title:                                                                                          |
| Your Name while employed there (if different than present)                                          |     |                                                                                                          |
| Describe your work:                                                                                 |     |                                                                                                          |
| If presently employed, why you desire a change:                                                     |     |                                                                                                          |
| If no longer there, your reason for leaving:                                                        |     |                                                                                                          |
| <b>Employer Name/Address:</b>                                                                       |     |                                                                                                          |
| City/State/Zip:                                                                                     |     | Phone ( )                                                                                                |
| Dates Employed: From                                                                                | To  | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary |
| Supervisor's Name:                                                                                  |     | Your Job Title:                                                                                          |
| Your Name while employed there (if different than present):                                         |     |                                                                                                          |
| Describe your work:                                                                                 |     |                                                                                                          |
| Reason for Leaving:                                                                                 |     |                                                                                                          |
| <b>Employer Name/Address:</b>                                                                       |     |                                                                                                          |
| City/State/Zip:                                                                                     |     | Phone ( )                                                                                                |
| Dates Employed: From                                                                                | To  | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary |
| Supervisor's Name:                                                                                  |     | Your Job Title:                                                                                          |
| Your Name while employed there (if different than present):                                         |     |                                                                                                          |
| Describe your work:                                                                                 |     |                                                                                                          |
| Reason for Leaving:                                                                                 |     |                                                                                                          |
| <b>Employer Name/Address:</b>                                                                       |     |                                                                                                          |
| City/State/Zip:                                                                                     |     | Phone ( )                                                                                                |
| Dates Employed: From                                                                                | To  | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary |
| Supervisor's Name:                                                                                  |     | Your Job Title:                                                                                          |
| Your Name while employed there (if different than present):                                         |     |                                                                                                          |
| Describe your work:                                                                                 |     |                                                                                                          |
| Reason for Leaving:                                                                                 |     |                                                                                                          |
| <b>COMPLETE OR INDICATE N/A</b>                                                                     |     |                                                                                                          |
| Please account for periods of time which are not covered by your educational or employment history: |     |                                                                                                          |
| From:                                                                                               | To: | Reason:                                                                                                  |

**RECORD OF LAW VIOLATIONS**

The City, as a matter of explicit policy, considers conviction record and pending charges subject to Sections 111.321, 111.322 and 111.335, Wis. Stats.

Have you ever been convicted of any violations of City Ordinances, State or Federal Laws?

Yes     No (Include moving traffic violations. Attach separate sheet for additional information.)

| DATE | COUNTY/STATE | LAW VIOLATED | DISPOSITION: (Bail Forfeited, Fined, etc.) |
|------|--------------|--------------|--------------------------------------------|
|      |              |              |                                            |
|      |              |              |                                            |
|      |              |              |                                            |
|      |              |              |                                            |

Are there any charges (violations) pending against you?     Yes     No    (If Yes, please explain)

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Have you previously passed the Candidates Physical Ability Test (CPAT) that has been approved by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC) that is required for this position?

Yes    If the test was taken within the last 12 months, your previous score may be used.

No

Why have you chosen to pursue a firefighting/paramedic career in Fond du Lac?

(If additional space is needed, please attach a separate sheet.)

**□□□PLEASE READ CAREFULLY BEFORE SIGNING □□□**

The undersigned is the person named in the foregoing application; I have read and made a complete answer to each question; my answers in each instance are true and correct; contain no misrepresentations, omissions or falsifications, and are complete. I understand that if any of the information contained in any of the foregoing answers contains any misrepresentations or falsifications or if any material information has been omitted, the same shall be deemed and agreed to be sufficient cause for non-selection or dismissal if selection has occurred.

|                        |      |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|

**\*CLIP OR STAPLE ALL DOCUMENTS TO THE BACK OF APPLICATION PACKET\***

**CITY OF FOND DU LAC, WISCONSIN**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

I am an applicant with the City of Fond du Lac, Wisconsin. I realize that during the processing of my application, I will be investigated by personnel officers of the City.

I hereby empower an employee of the City of Fond du Lac or other authorized representative bearing this release to, within two years of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining employment data)
5. Any previous employer
6. Present employer
7. Any school, college, university or other educational institution

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that any information concerning my past will be considered in evaluating me as an applicant to the City of Fond du Lac, and that all information obtained by the City of Fond du Lac in conjunction with this investigation and this permission, is confidential and I have no right to examine it, as the people contacted will be advised that what they say will be held in confidence.

The only exception to this blanket authorization is any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(sign in presence of Notary Public)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Print Legibly)

DATE OF BIRTH\*: \_\_\_\_\_  
\*for background investigation only

NOTARY:

\_\_\_\_\_

DATE: \_\_\_\_\_

MY COMMISSION EXPIRES ON: \_\_\_\_\_  
(Seal)

# City of Fond du Lac

## Equal Employment Opportunity Form

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Last Name, First Name, Middle \_\_\_\_\_

Position Applied for: Firefighter / Paramedic

The information requested on this sheet regarding race, sex, age, and handicap status is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our equal employment opportunity program.

This Equal Employment Opportunity Form will be detached and kept separate from your application. It is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment. Please check the appropriate boxes below.

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SEX:  Male  Female OVER 40 YEARS OF AGE

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### RACE/ETHNIC IDENTIFICATION

White (not of Hispanic Origin): All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic Origin): All persons having origins in any of the black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central South American, or other Spanish cultures or origins, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North American, and who maintain cultural affiliation through tribal affiliation or community recognition.

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### HANDICAPPED IDENTIFICATION

Do you consider yourself handicapped based on the definition that a "handicapped individual" is a person who: 1) has a physical or mental impairment which substantially limits one or more of his or her major life activities (e.g., communication, education or socialization); 2) has a record of such impairment (even though the person may be completely recovered); or 3) is regarded by others as having such an impairment. For purposes of this definition, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap.  Yes  No

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VETERAN STATUS:  Non-Veteran  Vietnam Era Veteran  Other Veteran

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### HOW DID YOU LEARN ABOUT THIS VACANCY?

Present City Employee  
 Job Center  
 Professional Publication (please specify) \_\_\_\_\_  
 Friend or Relative  
 School or College Counselor or Other Official  
 Website  
 Other (please specify) \_\_\_\_\_

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## **THE CITY OF FOND DU LAC EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is the official policy of the City of Fond du Lac to provide equal employment opportunities for all qualified and reasonably qualifiable persons without regard to race, color, religious or political beliefs, or affiliation, national origin, marital or parental status, pregnancy, sex, sexual orientation, age, handicap, or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification. Arrest and conviction records shall not be considered in employment decisions except where permitted by law.

This policy is applicable to all aspects of employment including job structuring, classification, promotion, recruitment, selection, appointment and placement, testing, training, education, tuition assistance, layoff and recall, disciplinary action, termination, salary and benefits administration, and all other components of the City of Fond du Lac personnel system. In addition, harassment on the basis of sex, or any other protected status, shall be prohibited as a matter of official policy. The City of Fond du Lac will continue to comply with Federal and State regulations and will continue to work cooperatively with governmental and community organizations to insure equal employment and advancement opportunities.

In order to effectively implement this policy and directive, an annual affirmative action plan shall be developed by the Affirmative Action Officer. Such affirmative action plan shall be presented to the City Council for approval. After presentation to the City Council, copies of the Plan shall be distributed to all department heads and shall be made available to all employees.

Adopted in 1985 by the Fond du Lac City Council.

**PLEASE RETAIN THE REMAINING  
PAGES FOR YOUR RECORDS**



**City of Fond du Lac Position Description**

**Position Title:** Fire Fighter/Paramedic

**Department:** Public Safety

**Reports To:** Lieutenant

**Division:** Fire

**Revision Date:** July 1, 2018

**Purpose of Position**

The Fire Fighter/ Paramedic position is an entry level, dual role responsibility in Fond du Lac Fire/Rescue. The Fire Fighter/ Paramedic is a Fire Fighter, who, in addition to performing routine firefighting duties, also is trained to provide Advanced Life Support medical care.

**Supervision Received**

Immediate supervision is provided by a Lieutenant.

**Supervision Exercised**

Not applicable.

**Essential Duties and Responsibilities**

**The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.**

- Basic knowledge of the behavioral characteristics of fire as it relates to flammable liquids, chemicals, gases, combustible materials, hazardous materials, and electricity.
- Basic knowledge of firefighter duties including, but not limited to; building construction, water supply systems, hydraulics, fire inspections, fire protection systems, fire investigation, pre-fire planning, fire ground operations to include laddering, rescue, ventilation, salvage, overhaul, confinement and extinguishment of fire.
- Responds to fire alarms and other emergency calls with assigned company; performs firefighting tactical procedures and Advanced Life Support EMS techniques. Works as a member of his/her assigned company using the team concept to complete the assigned tasks.
- Responds to non-emergency service and medical care/transport requests with the assigned company. Works as a member of the assigned company using team concept to complete the assigned tasks.
- Basic knowledge of national, state and local laws and codes as they relate to the fire service.
- Thorough knowledge of agency's work rules, policies and Standard Operating Procedures.
- Thorough knowledge of the agency's apparatus and the tools and equipment carried on them.
- Comply in letter and spirit with lawful organizational directives (i.e., values, rules, regulations, policies, procedures, customs and practices)
- Delivery of the EMS Program at the Emergency Medical Technician- Paramedic level for both emergent and non-emergent medical care.



- Performs assigned tasks and duties to maintain equipment, quarters, and apparatus.
- Participates in agency training activities to improve his/her basic firefighting skills and techniques.
- Participates in fire drills for occupants of buildings; performs fire inspections; participates in fire prevention programs for the purpose of promoting fire safety.
- Makes presentations to the general public, nursing homes, service groups, etc. on medical care, fire prevention, fire safety, and extinguisher demonstrations.
- Attends conferences, seminars and participates in continuing education and training programs.
- Performs special duties and assignments as may be assigned by the Lieutenant, Captain, Assistant Chief or Chief.

### **Minimum Training and Experience Required to Perform Essential Job Functions**

- Valid Wisconsin motor vehicle license.
- High School graduation or equivalent.
- Minimum of 15 credits in Associates or Bachelor degree program in Fire Science Field.
- Fire Fighter I & II Certifications (WI)
- Valid State of Wisconsin EMT-P License
- Current CPR certification

### **Physical and Mental Abilities Required to Perform Essential Job Functions**

#### **Language Ability and Interpersonal Communication**

- English usage, spelling, grammar, and punctuation.

#### **Skills and Abilities**

- Ability to follow orders and directives.
- Ability to work independently and is capable of performing special duties and assignments.
- Ability to keep accurate reports and records and work with electronic reporting systems.

#### **Interpersonal Communication**

- Be loyal to the lawful interests and needs of your employer
- Skills in oral and written communication with agency personnel, the general public and people of diverse backgrounds.
- Be nice, easy to get along with and work with others in a harmonious relationship

#### **Supervisory Skills**

- Ability to delegate, supervise, and coordinate patient medical care during EMS incidents

#### **Mathematical Ability**

- Ability to calculate percentages, fractions and decimals; ability to calculate volume, ratios, spatial relationships; and ability to interpret basic descriptive statistical reports.

#### **Judgment and Situational Reasoning Ability**

- Ability to stay calm under stress and deal professionally with fellow workers, business people, and the general public.
- Assume the responsibility for the decisions and the consequences for the decisions you make personally and professionally

## **Physical Requirements**

- Performance of tasks associated with responding to emergency alarms (fire, EMS, assistance) requires the capability to lift heavy objects (75 - 145 pounds) unassisted and heavier objects (more than 145 pounds) with assistance.
- A moderate to high degree of physical strength and dexterity to perform tasks while using agency tools, equipment, ladders, etc.
- Performance of strenuous repetitive acts.
- Work for extended periods of time under adverse conditions.

## **Special Requirements**

- Attend work on a regular and predictable basis
- Be mentally and physically prepared for work
- Be available for work while at work

## **Environmental Adaptability**

- The performance of some tasks expose an individual to machinery and its moving parts, to toxic gases, chemicals and other hazardous materials, to smoke and heat; it requires the use of protective devices such as fire resistant clothing, helmets, goggles, gloves, face masks, and breathing apparatus. Work is often performed outdoors in extreme cold or inclement weather.

*The City of Fond du Lac is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the City will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.*

**CITY OF FOND DU LAC  
GENERAL SUMMARY OF FRINGE BENEFITS  
AVAILABLE TO THIS POSITION**

| <b>BENEFIT</b>                              | <b>WHO PAYS</b>                                                  | <b>WHEN YOU ARE ELIGIBLE</b>                                                                                                                               | <b>WHAT YOU RECEIVE</b>                                                                                 |
|---------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>VACATION</b>                             | <b>CITY</b>                                                      | <b>AFTER 1 YEAR - 6 DAYS<br/>AFTER 8 YEARS - 9 DAYS<br/>AFTER 15 YEARS -12 DAYS<br/>AFTER 23 YEARS - 15 DAYS<br/>Prorated the first year of employment</b> | <b>FULL SALARY</b>                                                                                      |
| <b>GENERAL HOLIDAYS</b>                     | <b>CITY</b>                                                      | <b>IMMEDIATELY</b>                                                                                                                                         | <b>9 DAYS PER YEAR</b>                                                                                  |
| <b>HEALTH INSURANCE</b>                     | <b>CO-PAY<br/>PER CONTRACT</b>                                   | <b>BASED UPON HIRE DATE –<br/>TYPICALLY WITHIN 16 – 46<br/>DAYS OF EMPLOYMENT</b>                                                                          | <b>COMPREHENSIVE<br/>MAJOR MEDICAL PLAN</b>                                                             |
| <b>LIFE INSURANCE</b>                       | <b>CITY PAYS ALL<br/>PREMIUMS</b>                                | <b>AS SOON AS EMPLOYED</b>                                                                                                                                 | <b>TERM LIFE INSURANCE<br/>EQUAL TO YOUR<br/>ANNUAL SALARY</b>                                          |
| <b>WISCONSIN<br/>RETIREMENT<br/>SYSTEM</b>  | <b>CITY PAYS UP TO<br/>7.5% OF ALL<br/>ELIGIBLE<br/>EARNINGS</b> | <b>AS SOON AS EMPLOYED</b>                                                                                                                                 | <b>FINANCIAL SECURITY<br/>AT RETIREMENT</b>                                                             |
| <b>ICMA – TAX<br/>SHELTERED<br/>ANNUITY</b> | <b>EMPLOYEE</b>                                                  | <b>AS SOON AS EMPLOYED</b>                                                                                                                                 | <b>FINANCIAL PLANNING<br/>FOR RETIREMENT</b>                                                            |
| <b>WORKMEN'S<br/>COMPENSATION</b>           | <b>CITY</b>                                                      | <b>AS SOON AS EMPLOYED</b>                                                                                                                                 | <b>FINANCIAL<br/>ASSISTANCE FOR<br/>WORK RELATED<br/>DISABILITIES</b>                                   |
| <b>FUNERAL LEAVE</b>                        | <b>CITY</b>                                                      | <b>AS SOON AS EMPLOYED</b>                                                                                                                                 | <b>UP TO 5 CONSECUTIVE<br/>DAYS WITH PAY UPON<br/>DEATH OF A MEMBER<br/>OF THE IMMEDIATE<br/>FAMILY</b> |
| <b>DISABILITY<br/>ANNUITIES</b>             | <b>CITY</b>                                                      | <b>AFTER 5 YEARS<br/>PARTICIPATION IN WRS</b>                                                                                                              | <b>ASSISTANCE IN CASE<br/>OF PERMANENT<br/>DISABILITY</b>                                               |
| <b>UNIFORM<br/>APPAREL</b>                  | <b>CITY</b>                                                      | <b>IMMEDIATELY</b>                                                                                                                                         | <b>UNIFORM APPAREL</b>                                                                                  |
| <b>CLOTHING<br/>ALLOWANCE</b>               | <b>CITY</b>                                                      | <b>AFTER ONE YEAR OF<br/>EMPLOYMENT</b>                                                                                                                    | <b>PER CONTRACT</b>                                                                                     |

\*This summary is intended to provide guidance to management and prospective employees. It does not constitute a contractual obligation of any kind to any prospective, present or past employee.

# Self-Checklist

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☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

In order for your application to be considered, it must be complete; therefore:

- Include a copy of your current LICENSES AND CERTIFICATES
- Include proof of CPAT completion and/or employment status
- TRANSCRIPTS from your Associates or Bachelor's Degree (if applicable) (copies are acceptable)
- Current transcript (copies are acceptable)
- Sign the NO TOBACCO USE AGREEMENT
- Sign the AUTHORIZATION FOR RELEASE OF INFORMATION form
- Include Veteran's Form DD-214 (if applicable)
- Include your RESUME
- Include copies of current continuation educations hours for EMT-P licensure (if applicable)
- Include current immunization records and paperwork. TB skin test and Hep B test results are required
- Include a copy of Wisconsin Paramedic licensure (if applicable)
- Complete the EQUAL EMPLOYMENT OPPORTUNITY form (optional).

