PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

**FIREFIGHTER/PARAMEDIC APPLICATION STATEMENT**

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

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**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 Department. 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 Department for a minimum of twelve months. The department reserves the right to extend this period for up to twenty-four months. Please notify the Human Resource 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.

1. Possess a current EMT-Paramedic license *by date of hire.*
2. Possess an Associates or Bachelor Degree in Fire Science *by date of hire.*
3. Possess a Firefighter I, Firefighter II, Fire Inspector I, Haz Mat Operations, and Wisconsin Fire Apparatus Driver Operator (FADO) certificate *by date of hire*.
4. Successful completion of CPAT within 12 months of application and/or proof of full-time employment with paid Fire Rescue.
5. Possess a valid Wisconsin driver's license.
6. Have vision in each eye correctable to 20/20 with compatibility with fire rescue equipment such as breathing apparatus.
7. Sign the no-tobacco use agreement.
8. Be of sound mental & physical health and meet all established standards.
9. Successfully completed training in NIMS 100, NIMS 200, NIMS 700, and NIMS 800.
10. Possess current CPR certification.
11. Possess current Advanced Cardiac Life Support (ACLS) certification.

**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.**

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**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, 8:00 a.m. to 4:30 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  Do you prefer communication via e-mail? | |
| 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.?  ****Yes **** No | Do you claim Veteran's Preference Points?  ****Yes **** No  (If yes, indicate dates of active duty and attach form DD-214) |
| Are you at least 18 years of age? ****YES ****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: |

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| Do you hold a current Paramedic license? ****Yes ****No  Do you hold a current FireFighter I certificate? ****Yes ****No  Do you hold a current FireFighter II certificate? ****Yes ****No  Do you hold a Certified Driver Operator certificate? ****Yes ****No  Do you have 15 college credits in an associated field? ****Yes ****No  Do you hold any other Degree(s)? (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please attach a copy of Certificates, Licenses or Transcripts if you indicated “yes” to any above.* |
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| 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 o f 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 DEPARTMENT**  **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)  ( ) |
| Name | Business/occupation | |
| Address (Street, City, Zip Code) | | Phone No. (Include Area Code)  ( ) |
| Name | Business/occupation | |
| Address (Street, City, Zip Code) | | Phone No. (Include Area Code)  ( ) |

**EMPLOYMENT INFORMATION**

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| 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. | | |
| **Employer Name/Address:** | | |
| City/State/Zip: | | Phone ( ) |
| Dates Employed: From To | ****Part-time ****Full-time ****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: | | |
| **Employer Name/Address:** | | |
| City/State/Zip: | | Phone ( ) |
| Dates Employed: From To | ****Part-time ****Full-time ****Temporary | |
| Supervisor's Name: | Your Job Title: | |
| Your Name while employed there (if different than present): | | |
| Describe your work: | | |
| Reason for Leaving: | | |
| **Employer Name/Address:** | | |
| City/State/Zip: | | Phone ( ) |
| Dates Employed: From To | ****Part-time ****Full-time ****Temporary | |
| Supervisor's Name: | Your Job Title: | |
| Your Name while employed there (if different than present): | | |
| Describe your work: | | |
| Reason for Leaving: | | |
| **Employer Name/Address:** | | |
| City/State/Zip: | | Phone ( ) |
| Dates Employed: From To | ****Part-time ****Full-time ****Temporary | |
| Supervisor's Name: | Your Job Title: | |
| Your Name while employed there (if different than present): | | |
| Describe your work: | | |
| Reason for Leaving: | | |
| **COMPLETE OR INDICATE N/A**  Please account for periods of time which are not covered by your educational or employment history:  From: To: Reason: | | |

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| **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.) | | |
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| 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 6-months, your previous score may be used (provide   documentation).  ****No | |
| Why have you chosen to pursue a firefighting 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

8. Credit rating bureau or institution maintaining individual credit rating files

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. The City will comply with its statutory obligations under the Wisconsin Public Records Law, Wis. Stat. Chp. 19.

Exceptions to this blanket authorization:

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

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

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

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

(sign in presence of Notary Public)

NAME: DATE OF BIRTH\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Legibly) \*for background investigation only

NOTARY:

DATE:

MY COMMISSION EXPIRES ON:

(Seal)

**City of Fond du Lac**

**Equal Employment Opportunity Form**

|  |  |
| --- | --- |
| Last Name, First Name, Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Position Applied for: Firefighter / Paramedic Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 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. | |
| SEX: \_\_\_Male \_\_\_ Female | OVER 40 YEARS OF AGE \_\_\_ |
| 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 | |
| VETERAN STATUS: \_\_\_Non-Veteran \_\_\_Vietnam Era Veteran \_\_\_Other Veteran | |
| HOW DID YOU LEARN ABOUT THIS VACANCY? |  |
| \_\_Fond du Lac Reporter  \_\_Milwaukee Journal  \_\_Present City Employee  \_\_Job Service  \_\_Professional Publication (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_Friend or Relative  \_\_School or College Counselor or Other Official  \_\_Website  \_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**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.