



# Application for Fire Chief

## Village of Waukesha Fire Department

W250S3567 Center Rd. Waukesha, WI 53189

262-542-3199

The Village of Waukesha does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.

### PERSONAL INFORMATION:

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Are you over the age of 18?  Yes  No

Do you have a valid Driver's License?  Yes  No Driver's License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you legally authorized to work in the U.S.?  Yes  No

### EDUCATION:

What is the highest level of education you have completed?

- |                                                              |                                                    |                                           |
|--------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Less than High School               | <input type="checkbox"/> High School or equivalent | <input type="checkbox"/> Some College     |
| <input type="checkbox"/> Technical or occupation certificate | <input type="checkbox"/> Associates Degree         | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> Masters Degree                      | <input type="checkbox"/> Doctorate                 | <input type="checkbox"/> Other: _____     |

High School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have a High School Diploma or GED?  Yes  No

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

College or Post High School education:

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

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

**EDUCATION:**

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College or Post High School education (continued):

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fire / EMS CERTIFICATION AND TRAINING: (Attach copies of all fire and EMS related certificates)**

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State of Wisconsin EMS License: None In school currently Enrolled/Starting class \_\_\_\_\_

EMR EMT AEMT Intermediate Paramedic

National Registry of Emergency Medical Technicians:

EMR EMT AEMT Paramedic Not Applicable

American Heart Association:

Basic Life Support CPR & AED Training for Healthcare Professionals Expires: \_\_\_\_\_

Advanced Cardiovascular Life Support (ACLS) Expires: \_\_\_\_\_

ACLS for Experience Providers Expires: \_\_\_\_\_

Pediatric Advanced Life Support (PALS) Expires: \_\_\_\_\_

CPR Instructor Expires: \_\_\_\_\_

ACLS Instructor Expires: \_\_\_\_\_

PALS Instructor Expires: \_\_\_\_\_

Not Applicable

State of Wisconsin Fire Certifications: None In school currently Enrolled/Starting class \_\_\_\_\_

Firefighter 1 Hazardous Material Operations Driver/Operator - Pumper

Firefighter 2 Fire Inspector 1 Driver/Operator - Aerial

Emergency Services Instructor 1 Expires: \_\_\_\_\_ Fire Officer 1

Emergency Services Instructor 2 Expires: \_\_\_\_\_ Fire Officer 2

Emergency Services Instructor 3 Expires: \_\_\_\_\_ Fire Investigator 1 Expires: \_\_\_\_\_

**FIRE / EMS CERTIFICATION AND TRAINING (continued):**

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FEMA ICS/NIMS Certifications:

ICS 100     ICS 200     ICS 300     ICS 400     ICS 700     ICS 800     None

Please list any additional Fire / EMS licenses, certifications, training, education, skills you have obtained:

**NON FIRE / EMS SKILLS, TRAINING, CERTIFICATION OR LICENSES:**

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Please list any *NON* Fire / EMS skills, training, certification, licenses, education you have obtained:

**EMPLOYMENT HISTORY (Start with current or most recent first. Add additional pages as needed):**

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
|

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
|

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
|

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
/

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
|

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties:  
/

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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If you marked no to contacting any of your current or past employers please state your reason:

**ADDITIONAL INFORMATION:**

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Are you now, or were you ever, employed by this municipality?  Yes  No

If Yes, what position? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever applied to the Village (or Town) of Waukesha Fire Department before?  Yes  No

If Yes, approximately what year or month and year did you apply? \_\_\_\_\_

List any relatives employed by or currently holding an appointed/elected position in the Village of Waukesha:

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If Yes, please list the crime committed, date and disposition. Attach a separate sheet if necessary:

Is there any additional information you wish to have considered as part of your application for employment?

How did you become aware of this position?

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## MILITARY SERVICE:

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Have you served in the United State Military?  Yes  No

If Yes:

Branch of Service: \_\_\_\_\_ From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Active duty or Reserve?  Active Duty  Reserve Highest rank held: \_\_\_\_\_

Skill specialty or primary duty: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Active duty or Reserve?  Active Duty  Reserve Highest rank held: \_\_\_\_\_

Skill specialty or primary duty: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

List special schools attended / skills acquired during military service:

## REFERENCES:

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*(please include a minimum of 3 references. Avoid using relatives or members of the Village of Waukesha Fire Department. Attach an additional sheet if necessary)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

**APPLICANT STATEMENT OF TRUTH:**

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I, (print name) \_\_\_\_\_, have completed this application for employment truthfully, completely, and to the best of my knowledge. I have not falsified any information submitted within this application and understand that I will be removed from the hiring process and lose all rights to be hired by the Village of Waukesha Fire Department if I do submit or make any statement(s) that are found to be untrue.

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

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

Application must be signed upon submission.

Once completed, the application can be emailed to [bgerbing@villageofwaukesha.com](mailto:bgerbing@villageofwaukesha.com) or mailed to / dropped off at the Clerks Office located at W250S3567 Center Rd, Waukesha, WI 53189.

If you have any questions please feel free to stop by the clerks office or call 262-542-5030.

If you would like to contact the fire departmented directly you may call 262-542-3199

FOR INTERNAL USE ONLY:	
Date Received: _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No    Additional pages included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed By: _____	Date: _____
Comments: _____	
_____	
_____	
_____	