



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:

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)

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):

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:

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):

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: _____

EMPLOYMENT HISTORY (continued):

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: _____

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: _____

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: _____

EMPLOYMENT HISTORY (continued):

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: _____

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: _____

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: _____

EMPLOYMENT HISTORY (continued):

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

ADDITIONAL INFORMATION:

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?

MILITARY SERVICE:

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:

(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:

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 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: _____	

