

APPLICATION FOR EMPLOYMENT



CITY OF VERONA
ADMINISTRATION DEPARTMENT
111 Lincoln Street
Verona, Wisconsin 53593
(608) 845-6495
Fax (608) 845-8613
www.ci.verona.wi.us



INSTRUCTIONS:

1. Application form must be submitted to be considered for employment.
2. Answer all questions – complete application.
3. Date and sign the application on the last page.

The City of Verona is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the City to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status, or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the City intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law. Those applicants requiring accommodation to the application and/or interview process should contact the City Administrator's Office at 608-845-6495.

Position Desired: **Complete the Attached Addendum** Date: _____

Are you interested in: Full-time: N/A Part-time: N/A Either: N/A Salary Expected: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: Home: _____

Work: _____ Cell: _____

Email

Address: _____

Referred by: Newspaper Ad Career Fair City website Other website: _____

Have you worked for us before? _____ If yes, when? _____

May we contact your present employer regarding your qualifications? _____

Are you a citizen of the United States or on a visa which will permit you to work here? _____

Are you at least eighteen (18) years old? Yes No

EMPLOYMENT RECORD

Provide your employment history for the last ten years. List in order, present employer first. Account for all periods between jobs. Include experiences in Armed Forces. If you need more room, attach additional pages to this form.

From (Mo-Yr) _____ To (Mo-Yr) _____ Job Title or

Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full time Part time

Reason for leaving/What did you like least about this job: _____

From (Mo-Yr) _____ To (Mo-Yr) _____ Job Title or

Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full time Part time

Reason for leaving/What did you like least about this job: _____

From (Mo-Yr) _____ To (Mo-Yr) _____ Job Title or

Occupation: _____

Company name and address: _____

Supervisor's name & title: _____ Supervisor's phone #: _____

Description of your duties: _____

Highest salary earned \$ _____ per _____ Full time Part time

Reason for leaving/What did you like least about this job: _____

REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address: _____

Relationship to reference: _____

Reference's telephone number: _____

Reference name and address: _____

Relationship to reference: _____

Reference's telephone number: _____

Do you currently possess a valid Driver's License? Lic. # _____

State: _____

Do you currently possess a CDL? YES NO If yes, what Class? _____

CONVICTION RECORD

List any other names by which you have been known on official records. _____

Please list **all** convictions (including felonies, misdemeanors and ordinance violations). Exclude parking offenses and also exclude convictions prior to your 18th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. I understand that a subsequent discovery by the City of false or incomplete information may be considered grounds for termination.

Date	Charge	Place	Court	Action Taken

Please Read Carefully Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Verona or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment.

Some positions require a physical examination following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the City of Verona.

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Verona.

I hereby release from liability and hold harmless the City of Verona and all persons and corporations supplying this information to the City of Verona and/or its agents. A photocopy of this authorization is as effective as the original.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

FIRST

MIDDLE

LAST

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the City of Verona will be based on your merit and on no other consideration.



VERONA FIRE DEPARTMENT

101 Lincoln Street
Verona, WI 53593-1520
Phone: 608-845-9401
Fax: 608-845-8613
Website: www.veronafire.com



Fire Department Candidate Education, Training, and Experience Questionnaire

Please complete this form in its entirety. Your answers to the following questions will help us better evaluate your candidacy for employment.

Please attach a copy of any diplomas, transcripts, completion certificates, state certificates, or licenses that will verify your answers.

Educational History

Please check the box next to the highest level of education *currently* achieved:

- | | |
|--|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> PhD |

For Associate's Degree or higher, is your degree in a fire service-related field? Yes No

Firefighter Training and Certification

Please check the box next to each certification/training that you have *currently* achieved:

- | | |
|---|--|
| <input type="checkbox"/> Entry-level Firefighter | <input type="checkbox"/> Fire Officer 1 |
| <input type="checkbox"/> Firefighter 1 | <input type="checkbox"/> Fire Officer 2 |
| <input type="checkbox"/> Firefighter 2 | <input type="checkbox"/> Fire Instructor 1 |
| <input type="checkbox"/> Entry-level Fire Apparatus Driver – Pumper | <input type="checkbox"/> Fire Instructor 2 |
| <input type="checkbox"/> Entry-level Fire Apparatus Driver – Aerial | <input type="checkbox"/> Fire Inspector 1 |

Were the above certifications obtained in the State of Wisconsin? Yes No

If No, in which State are you certified? _____

Emergency Medical Training

Please check the box to the highest level of training/certification *currently* achieved:

- | | |
|---|--|
| <input type="checkbox"/> Currently enrolled/student | <input type="checkbox"/> Emergency Medical Technician – Intermediate |
| <input type="checkbox"/> Emergency Medical Technician – Basic | <input type="checkbox"/> Emergency Medical Technician – Paramedic |
| <input type="checkbox"/> Emergency Medical Technician – Intermediate Technician | |

Were the above certifications obtained in the State of Wisconsin? Yes No

If No, in which State are you certified? _____

National Incident Management System Training

Please check the box next to each certification/training that you have *currently* achieved:

IS 700

IS 800

ICS 100

ICS 300

ICS 200

ICS 400

Previous Fire Department Experience

Total years of experience as a volunteer, Paid-On-Call, Paid-On-Premise, and/or Intern Firefighter? _____

Total years of experience as a career Firefighter on any fire department within the United States? _____

Total years of experience as a Firefighter (any classification) serving the Verona Fire Department? _____

Work History

Have you ever been involuntarily terminated from employment? Yes No

Have you ever been disciplined during employment? Yes No

Have you resigned from a job after being informed your employer intended to terminate or discipline you? Yes No

Please provide an explanation for any question answered "yes." _____

Driving Record and History

In the past 10 years have you ever had a Driver's license suspended, revoked or restricted? Yes No

If "yes," indicate the date(s) and violation(s):

Have you ever been cited, charged and/or convicted of operating a motor vehicle, snowmobile, or boat while under the influence of an intoxicant or with a legally prohibited blood alcohol concentration? Yes No

If "yes," indicate the dates, county and state of occurrence:

Statement of Interest

An applicant for a Career and/or Officer position(s) must submit a written statement indicating the reasons why the applicant is seeking employment by the City of Verona in the position for which the applicant applied. The statement must be typewritten in double-spaced Times New Roman font (12 point) and be no more than one-page long.

I hereby certify that the facts set forth in the above questionnaire are true and complete to the best of my knowledge. I understand that any false information may result in my disqualification from the hiring process or, if employed, may be considered sufficient cause for dismissal.

Signature: _____

Date: _____

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

CITY OF VERONA FIRE DEPARTMENT

Employing Agency

I hereby authorize and empower an employee of the City of Verona Fire Department or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal fire & law enforcement agencies.
2. Any current or previous landlord or place of residence contacts.
3. Any banking or financial institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer or military service contacts.
7. Present and past employers.
8. Any school, college, university or other educational institution.
9. Any individual employed by another fire department or other past or present employer.

Exceptions to this authorization:

1. Any medical information in the possession of any source named above until a conditional offer of employment is made.
2. _____
3. _____

This release is executed to authorize the Verona Fire Department, as a prospective employer, to obtain the above information. It is understood that THIS information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Applicant: _____
(Please Print)

Date: _____ Date of Birth: _____ S.S.N. _____

Address: _____
Street & Number City State Zip

Signature: _____

Witness: _____ Date: _____