

# Town of Brookfield

## Fire Department



645 Janacek Road  
Brookfield, WI. 53045  
(262) 796-3792  
(262) 796-0410 Fax

### APPLICATION FOR EMPLOYMENT FIREFIGHTER/EMT

#### PERSONAL INFORMATION:

(PLEASE PRINT)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver License #: \_\_\_\_\_ Expires: \_\_\_\_\_

#### EMPLOYMENT HISTORY

##### Current/Most Recent Employer

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors name and title: \_\_\_\_\_

**Previous employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors name and title: \_\_\_\_\_

**Previous employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors name and title: \_\_\_\_\_

**Previous employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors name and title: \_\_\_\_\_

**Previous employer**

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors name and title: \_\_\_\_\_

**Do you have any reservations about the Tbfd contacting any of your current or past employers?**

**YES NO. If Yes, state your reasons:**

---

---

Have you ever been terminated by an employer? Yes or No. If yes, please explain details:

---

---

**REFERENCES**

List three references that you have known for a period of five years or more. These references may not be relatives or members of the Town of Brookfield Fire Department

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Years known: \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL**

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

Name of High School: \_\_\_\_\_

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

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

Year of Graduation: \_\_\_\_\_

**College/Post High School education**

Name of School: \_\_\_\_\_

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

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

Major: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Major: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

**Fire or EMS Training \*\*\*\*Submit copies of all fire and EMS related training certificates with application\*\*\*\***

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Major: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Major: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_

Name of School: \_\_\_\_\_ State of WI Level I Firefighter  
State Certification #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ State of WI Level II Firefighter  
State Certification #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ State of WI EMT – B  
State Certification #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ State of WI AEMT  
State Certification #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ State of WI EMT - P  
State Certification #: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**MILITARY SERVICE**

Have you served in the United States Military? \_\_\_\_\_  
If so, what branch: \_\_\_\_\_

Length of service: \_\_\_\_\_ years  
Type of discharge: \_\_\_\_\_  
Are you currently in the reserves YES NO  
If so, what branch \_\_\_\_\_

**CRIMINAL HISTORY**

**PLEASE LIST ALL CITATIONS FOR THE PAST 10 YEARS**

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Date of Citation: \_\_\_\_\_ Type of Citation: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? YES NO If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

---

---

Have you ever been at fault in a motor vehicle accident? YES NO If yes, please explain:

---

---

---

---

Do you use illegal drugs? YES NO If yes, please explain:

---

---

---

---

Is there any additional information that you would like to include at this time?

---

---

---

---

\*\*\*\*\*Attach separate sheet for any additional information\*\*\*\*\*

**Medical History**

Do you have any physical limitations that would interfere with your ability to perform the duties of a Firefighter/EMT for the Town of Brookfield Fire Department? YES NO If yes, please explain:

---

---

---

Do you have any allergies such as latex, medications, etc? YES NO If yes, please explain:

---

---

---

**STATEMENT OF TRUTH**

I, \_\_\_\_\_ have completed this application for employment truthfully, completely, and to the best of my knowledge. I have not falsified and 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 Town of Brookfield Fire Department if do submit or make any statement that are found to be untrue.

Print Full Name: \_\_\_\_\_

Signature Full Name: \_\_\_\_\_

Date: \_\_\_\_\_



**END OF APPLICATION**