Town of Brookfield Fire Department



Thank you for applying to the Town of Brookfield Fire Department. All applicants must provide the department with copies of the requirements listed in the job announcement. Additionally, any additional documentation for preference points must be submitted at the time of application.

Ple	ease Check the appropriate box if applicable
1.	I have enclosed a copies of:
	State of Wisconsin Firefighter I
	State of Wisconsin EMT
	Valid Wisconsin Drivers license
	State of Wisconsin Paramedic
2.	I have also submitted copies of:
	Certified Physical Ability Test (CPAT must be within one year of hire date)
	Associates Degree in Fire Science
	State of Wisconsin EMT-Paramedic
	State of Wisconsin EMT-Intermediate 99
	State of Wisconsin Driver Operator
Pr	eference points will only apply to the overall final score of the candidate once all phases of the testing
pro	ocess has been completed. All decisions are final.
Wi	th my signature, I attest that the copies that I have submitted are true and correct, to the best of my knowledge.
FALSIFCATION OF ANY MATERIALS IS CAUSE FOR DISQUALIFICATION FROM THE HIRING PROCESS.	
Ар	plicant SignatureDate// Applicant Name (Print):
Αp	proved By:RankDate//_Time::