

Town of Brookfield Fire Department



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

APPLICATION FOR EMPLOYEMENT 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 YES NO
State Certification #: _____ Graduation Date: _____

Name of School: _____ State of WI Level II Firefighter YES NO
State Certification #: _____ Graduation Date: _____

Name of School: _____ State of WI EMT – B YES NO
State Certification #: _____ Graduation Date: _____

Name of School: _____ State of WI EMT I or EMT - P YES NO
State Certification #: _____ Graduation Date: _____

MILITARY SEVICE

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 _____

CRIMINIAL 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