



FIRE DEPARTMENT

W140 N7501 Lilly Road
Menomonee Falls, WI 53051-3140
(262) 532-8801 Fax (262) 532-8829



Dear Applicant:

Thank you for your interest in a position with the Village of Menomonee Falls Fire Department.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

(Please read carefully before you begin)

Please type or print legibly. Do not leave any questions blank. If something does not apply, use the initials N/A (not applicable). Incomplete or unreadable applications will not be considered.

It is important that you complete and return all of the following documents:

1. Application for Employment including the Authorization for Release of Information, Education & Experience and Availability & Certifications forms.
2. Copies of each diploma, certification, or license referenced on your application.
3. If applicable, a copy of your college or technical school transcripts.

Completed applications may be returned by US mail, email, or fax at:

Menomonee Falls Fire Department
W140 N7501 Lilly Road
Menomonee Falls, WI 53051
fire@menomonee-falls.org
Fax: 262-532-8829

Applications will be screened for completeness and minimum qualifications.

It is your responsibility to notify us of any changes in your address, telephone number or email address during the application/testing process.

Eligible applicants will be invited to the testing process which may include a written test and/or an oral interview with a panel of Menomonee Falls Fire Department Officers.

A list of applicants who pass the testing process will be forwarded to the Police and Fire Commission for certification. Once certified, the candidates are placed on an eligibility list that is active for 18-months from the date of certification.

The Assistant Fire Chief will make conditional offers for probationary membership using the eligibility list. The conditions of this offer include passing a background check, drug screen, and examination by the Department physician.



APPLICATION FOR EMPLOYMENT
VILLAGE OF MENOMONEE FALLS

W156 N8480 PILGRIM ROAD
MENOMONEE FALLS, WISCONSIN 53051
PHONE: (262) 532-4200

APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS

1. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete application may prohibit you from proceeding in the evaluation process for this position.
2. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal.
3. Date and sign the application on page 7
4. Keep a copy of application materials for your files.

POSITION APPLYING FOR _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NO. STREET CITY STATE ZIP

PHONE NUMBER: HOME (_____) _____ CELL (_____) _____

EMAIL ADDRESS: _____

LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN ON OFFICIAL RECORDS:

HAVE YOU FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE? YES NO
POSITION & DATES _____

DO YOU WISH TO HAVE THE INFORMATION CONTAINED IN YOUR APPLICATION MATERIALS REMAIN
CONFIDENTIAL AS PERMITTED BY LAW IN ACCORDANCE WITH 19.36(7) WI. STATE STATS? YES NO

MILITARY SERVICE * Read carefully if you may be eligible for veteran's preference points.*

Extra points are added to passing scores of qualified war veterans or spouses of certain disabled or deceased veterans on open competitive exams. If you were in the U.S. Armed Services during the following war periods, check the appropriate boxes and enter service dates. **YOU MUST INCLUDE WITH THIS APPLICATION A PHOTOCOPY OF YOUR DISCHARGE DOCUMENT(S) (E.G. DD214) SHOWING (1) DATE OF ENTRY, (2) DATE OF DISCHARGE AND (3) HONORABLE SERVICE. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** For further information please see page 7 of the application.

Military Status

- Enlisted, drafted or commissioned-active date
 Enlisted or commissioned reserve or National Guard service
- - active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

If you or your spouse has any disability traceable to war service recognized and compensated as such by the United States Government or you are the unremarried spouse of a deceased veteran and you wish to receive credit, then you must submit documentary proof of the compensable disability with this application.

Period of Service

- December 7, 1941 - December 31, 1946
 June 27, 1950 - January 31, 1955
 August 5, 1964 - May 7, 1975
 Called to active duty in 1961 by Executive Order #10957
 After August 2, 1990
 Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals,
Or Southwest Asia Service Medal

Date: _____

Location: _____

IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE VILLAGE WILL EMPLOY ONLY PERSONS LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES. EMPLOYMENT, IF OFFERED, IS CONDITIONAL UPON THE INDIVIDUAL'S ABILITY TO ESTABLISH VERIFICATION OF IDENTITY AND AUTHORIZATION TO WORK WITHIN THREE BUSINESS DAYS OF COMMENCEMENT OF EMPLOYMENT.

*THE VILLAGE OF MENOMONEE FALLS IS AN EEO EMPLOYER.
WOMEN, MINORITIES, AND INDIVIDUALS WITH DISABILITIES ARE ENCOURAGED TO APPLY.*

EDUCATION AND TRAINING				
CIRCLE THE HIGHEST GRADE OR YEAR COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12		NAME & LOCATION OF HIGH SCHOOL		DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A GED EQUIVALENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, BUSINESS COLLEGE OR OTHER SCHOOLS YOU HAVE ATTENDED.)			CIRCLE THE NUMBER OF YEARS COMPLETED IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8	
NAME AND LOCATION		DATES ATTENDED FROM TO	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR
				DEGREES CONFERRED AND YEAR
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE ANY EDUCATION AND TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOL, CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLUNTEER WORK WHICH YOU FEEL IS RELEVANT TO THE JOB YOU ARE APPLYING FOR. ALSO INCLUDE RELEVANT LICENSES OR CERTIFICATES. BE SPECIFIC AND INCLUDE DATES.				

References - Do not list current or previous employers or any relatives

Name	Phone Number	Occupation	Years Known

We may contact the employers/references listed above and on the next page, unless you specify that you do not want us to contact them. Therefore, please indicate which employers you do not want us to contact:

Employer Name

Reason

Continued on page 6

Village of Menomonee Falls

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military services, national origin, ancestry, age, arrest or non-job-related conviction record or non-job-related physical or mental disability.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially; filed separately and used only to help us monitor the Village of Menomonee Falls Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

POSITION APPLIED FOR _____

NAME (PRINT) _____
Last First Middle

ADDRESS _____
Street City State Zip

SEX: MALE FEMALE

BIRTHDATE _____
Month Day Year

RACE/ETHNIC GROUP:

- Black/African American** (not of Hispanic origin)
- Asian American/Pacific Islander/Far Eastern/Indian Subcontinent** (i.e. Southeastern Asian, China, Japan, Korea, the Philippine Islands and Samoa)
- American Indian/Alaskan Native**
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American**
- White/Caucasian/European/North African/Middle Eastern**

RECRUITING INFORMATION:

How did you hear about this job? (Please check one)

- Newspaper/Radio (please specify) _____
- Professional journal/Magazine (please specify) _____
- Community organization (please specify) _____
- Village Hall bulletin board/walk-in
- Present Village employee
- Referred by Wisconsin Job Service

The above completed information is true to the best of my knowledge

SIGNATURE

DATE

(Position Title)

APPLICANTS' NAME _____ DATE _____

ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS

Effective May 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may be eligible to have extra points added to passing scores on open competitive examinations if they do not already have a regular appointment or reinstatement rights to a Village position. If your spouse was in the U.S. Armed Services during the war periods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must include with this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of entry, (2) date of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting that you are a qualifying spouse. **THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. FAILURE TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR SPOUSE'S DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING AWARDED VETERAN'S PREFERENCE POINTS.** (Documentary proof of compensable disability must be submitted with this application in order to receive credit.)

Basis for Eligibility:

- I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
- I am the unremarried spouse of a veteran who died of a service-connected disability.
- I am the unremarried spouse of a veteran who was killed in action.

Spouse's Military Status:

- Enlisted, drafted or commissioned--active duty
- Enlisted or commissioned reserve or National Guard service--active duty for training only

Date Entered Active Duty: _____

Date Terminated Active Duty: _____

Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? YES NO

Spouse's Period of Service

- December 7, 1941 - December 31, 1946
- June 27, 1950 - January 31, 1955
- August 5, 1964 - May 7, 1975
- Called to active duty in 1961 by Executive Order No. 10957
- After August 2, 1990
- Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, or Southwest Asia Service Medal

Date: _____

Location: _____

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the Village of Menomonee Falls is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

“Major life activities” means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

YES NO

If yes, what kind of accommodations will you need?

- A signer
- A reader
- Extra time
- Other (please describe) _____

Comments: _____

SIGNATURE: _____ DATE: _____

Provisions of test accommodations may be granted by the Administration Department only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

EMPLOYMENT HISTORY (Most Recent Job First)

Attach additional sheets if necessary

WORK EXPERIENCE: PROVIDE A COMPLETE DESCRIPTION, START WITH YOUR MOST RECENT JOB AND WORK BACK. BE SURE TO INCLUDE SERVICE IN THE ARMED FORCES. EXPLAIN ANY GAPS BETWEEN PERIODS OF EMPLOYMENT. IF MORE SPACE IS REQUIRED, CONTINUE ENTRIES ON SEPARATE SHEET ARRANGED AS BELOW AND ATTACH TO APPLICATION. **ALTHOUGH RESUMES ARE WELCOME, THEY MAY NOT BE SUBSTITUTED FOR THE INFORMATION REQUESTED BELOW.**

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

NAME OF EMPLOYER	TYPE OF BUSINESS	
ADDRESS, CITY & STATE	YOUR JOB TITLE	
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
	SUPERVISOR'S NAME & PHONE #	MAY WE CONTACT NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO
	RATE OF PAY BEGINNING \$ _____ PER _____	RATE OF PAY ENDING \$ _____ PER _____
	REASON FOR LEAVING OR CONSIDERING LEAVING	

WERE YOU EVER DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? YES NO

IF YES, EXPLAIN: _____

Please complete remainder of this application on page 7.

ADDITIONAL INFORMATION: (List the machines or equipment you can operate such as office machines, construction equipment, trucks, etc., and you may use this space for any additional information or comments relative to your application. Also, if currently licensed or registered as a member of some profession or trade, indicate type of license or certificate and date issued.)

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO LICENSE NUMBER _____

COMMERCIAL DRIVER'S LICENSE? YES NO

HAVE YOU EVER BEEN **CONVICTED** OF ANY VIOLATIONS OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?
 YES NO IF YES, FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, WHERE AND PENALTY IMPOSED?

IF YOU HAVE LISTED A CONVICTION(S) ABOVE, PLEASE PROVIDE YOUR BIRTHDATE ON PAGE 3. BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT, BUT ARE REVIEWED IN RELATION TO THE JOB FOR WHICH YOU APPLIED. CONVICTIONS NOT REPORTED MAY BE CAUSE FOR DISCHARGE.

CAREFULLY READ THIS APPLICATION AND YOUR ANSWERS AND THE CERTIFICATION AND AGREEMENT BELOW BEFORE SIGNING.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal.

I authorize the Village of Menomonee Falls to make such investigations and inquiries of my personal employment, financial and other related matters as may be necessary at arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

I authorize the Village of Menomonee Falls to make such investigation of my medical history, as may be necessary only after I have received a conditional job offer by the Village of Menomonee Falls.

I further understand that in the event of employment by the Village of Menomonee Falls, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Applicants should discuss overtime pay practices with the appointing authority prior to accepting employment with the Village of Menomonee Falls.

SIGNATURE OF APPLICANT

DATE

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

Village Use Only

Applicant interviewed by: _____

Date Interviewed: _____ Hire Date: _____ Employee Number: _____ Hourly Rate: _____

Job Title: _____ Department: _____

For official use only, not to be release to unauthorized persons.

Read the authorization for release of information listed below. Your completion of this document allows the Village of Menomonee Falls to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form, you must print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide to the Village of Menomonee Falls and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all disciplinary records, Performance evaluations, sick leave records, and any other matters contained in my personnel file.
2. All medical records in your possession and/or control, including records of physical or mental examination.
3. Scholastic records.
4. Financial records and credit information.
5. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.

This information is to be used to assist the Village of Menomonee Falls Police Department, in determining my qualifications and fitness for the position with the Village of Menomonee Falls Fire Department. Please provide the Village of Menomonee Falls and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Village to make copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information, which is released in response to this request. In making these statements, I understand that information, which you give, may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You main retain this form in your files.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

**MENOMONEE FALLS FIRE DEPARTMENT
AVAILABILITY & CERTIFICATIONS FORM**

Name _____

Date _____

Availability	Sunday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Monday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Tuesday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Wednesday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Thursday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Friday
0700-1900	Yes / No
1900-0700	Yes / No

Availability	Saturday
0700-1900	Yes / No
1900-0700	Yes / No

Date Available to Start?

Fire/EMS Certifications/Education		Completion Date?
FFI	Yes / No / In Class	
FFII	Yes / No / In Class	
EMT-B	Yes / No / In Class	
EMT-IV	Yes / No / In Class	
EMT-P	Yes / No / In Class	
MPO	Yes / No / In Class	
AERIAL	Yes / No / In Class	
INSPECTOR	Yes / No / In Class	
OFFICER	Yes / No / In Class	
INSTRUCTOR	Yes / No / In Class	
ASSOCIATES	Yes / No / In Class	
BACHELORS	Yes / No / In Class	

Other certifications/relative education?

Other Fire/EMS experience. Where and when?

Office Use Only	
Date Received:	Date Interviewed: