



Lake Country Fire & Rescue MEMORANDUM

DATE: January 01, 2010
TO: Applicants
FROM: Jason J. Watters, Captain
RE: Application Process

All applicants must submit the following paperwork to:

*Lake Country Fire Department Station 1
115 Main Street
Delafield, Wisconsin 53018*

Additional information regarding The Lake Country Fire Department can be found on the Fire Departments website at www.lakecountryfire.com.

Omissions of any portion of the application may exclude you from the hiring process.

APPLICATION.

Completely fill out and sign the Lake Country Fire Departments application.

BACKGROUND CHECK FORM.

Completely fill out and sign the Lake Country Fire Departments Authorization for Release of Personal Information Form.

LICENSURES/CERTIFICATIONS.

Attach a copy of any certificates that would apply to the position you are applying for.

Miscellaneous Items to Attach.

Copy of current Wisconsin State driver's license.
Copy of your Birth Certificate or Social Security Card.

Resume

Attach resume (optional).

115 Main Street, Delafield, WI 53018
262-646-6235 (phone) 262-646-6236 (fax)
lakecountryfire.com (web site)

LAKE COUNTRY FIRE & RESCUE - APPLICATION FOR EMPLOYMENT

115 Main Street
 Delafield, WI 53018
 (262) 646-6235
 (262) 646-6236 - FAX

(PLEASE TYPE OR PRINT CLEARLY)

Title of Position Applied For: _____

Name: _____ Soc. Sec.# _____ Phone _____

Address (Include Zip Code): _____

Have you ever been employed by the City of Delafield? Yes No

If yes, by whom, when, and in what position? _____

When will you be available for employment? _____

Do you currently hold a valid Wisconsin Driver's License? Yes No

DRIVER LICENSE NO. _____ Do you have transportation? Yes No

Circle the highest grade or year completed in school
 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location of School

Graduated?
 Yes No

Training beyond high school, college or university, nursing, business college, or other schools you have attended. Under credits earned, indicate number of hours, Q for Quarter hours and S for semester hours.

CIRCLE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY

1 2 3 4 5 6 7 8

College, University, or School Name and Location	Dates Attended From To	Credits Earned Sem. Or Qtr.	Major or Field	Degree Conferred & Year

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training...give dates.

SPECIAL SKILLS & QUALIFICATIONS

Office Work:

The following information must be provided if you are applying for positions requiring typing or shorthand ability:

Number of words per minute: Typing _____

Shorthand _____

Experience with machine transcription? Yes No

List office machines other than typewriter which you can operate skillfully:

Served formal apprenticeship? Yes No

What trade? _____

How long? _____

When? _____

Where? _____

Current license or registration as a member of some trade or profession

Important: The information requested below is used to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list present and past full and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to give volunteer work and any related self-employment and military service. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief resume to further explain your qualifications.

From (Mo. & Yr.)	Title of your PRESENT position	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Salary	Present Salary	Reason for leaving or considering change	

From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

From (Mo. & Yr.)	Title of position held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties	Address	
How long employed?		Name & Title of Supervisor	
Hours worked per week		Reason for leaving	
Starting Salary	Last Salary		

PERSONAL REFERENCES

Name & Occupation	Address	Phone

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

As an applicant for a position with the Lake Country Fire Department, I, _____ do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the City of Delafield Police Department, whether the said records are of a public, private or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Delafield Police Department to consider in determining my suitability for employment with the Lake Country Fire Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

The intent of this authorization is to give my consent for full and complete disclosure of the public and private records of educational institutions; my financial status, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); Social Security records; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; all military, employment and pre-employment records, including background reports, and efficiency ratings, the records of recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Lake Country Fire Department. I, also, certify that any person(s) who may furnish such information concerning me, shall not be held accountable for giving this information; I do hereby release said person(s), organizations or others, from any and all liability which may be incurred as a result of furnishing such information.

A photocopy or fax of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I agree to indemnify and hold harmless, the person to whom this request is presented, and their agents and employees, from and against all claims, losses and expenses; including reasonable attorney fees, arising out of or by reasons of complying with this request.

Signature (Include Maiden Name) Print Full Name

Address City State Zip

Area Code/Telephone Number Date of Birth

Social Security Number Date