



LAKE COUNTRY FIRE & RESCUE

115 Main Street, Delafield, WI 53018

Important Application Information

Thank you for your interest in Lake Country Fire & Rescue! We appreciate your application and look forward to learning more about you and the possibility of you joining our team.

Please note that applications and all required material to be included will only be accepted via email. This submission will be considered your time stamp for date/time of submission with the address of [hiring@lakecountryfire.com](mailto: hiring@lakecountryfire.com).

Additional information regarding Lake Country Fire & Rescue can be found on LCFR's website www.lakecountryfire.com/employment

Application

Completely fill out and sign the application. Pay close attention to the required paperwork and assure everything is submitted at the time of your application. This includes licenses, permits, certificates, etc. Omissions of any portion of the application may exclude you from the hiring process.

For questions, please contact [hiring@lakecountryfire.com](mailto: hiring@lakecountryfire.com). We wish you luck in the process and thank you again for your interest in LCFR.



Application for Employment

Applicant Information

Name (first, middle, last)	
Address (street, city, state, zip code)	Mobile Telephone () -
Email Address:	Home Telephone () -
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.	
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)	
Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.	
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
Position Applying For:	When can you start?
Driver's license number	State issued Exp Date

Education

Name of School	Location (City/State)	Yrs Attended	Major Subjects/Area of Study	Diploma/Degree
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:



Training Courses (List any relevant training programs completed.)

Course/Seminar/Training	Date/Yr	Course/Seminar/Training	Date/Yr

Employment History (Start with most recent, use a separate sheet if necessary.)

Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	



Additional Employment/Professional References if needed

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:		Telephone () -	
		Email Address:	
Address:			
Relationship:		How long known?	
Name:		Telephone () -	
		Email Address:	
Address:			
Relationship:		How long known?	
Name:		Telephone () -	
		Email Address:	
Address:			
Relationship:		How long known?	

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening will be required.
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

**Thank you for your interest in Lake Country Fire & Rescue.
We are an Equal Opportunity Employer.**