

EMPLOYMENT HISTORY

Employer's Name _____

Employer's Address _____

Hours Worked _____ Years at Job _____

Previous Employer's Name and Address (if less than five years at present job)

EDUCATION AND TRAINING

High School _____ Graduate Y N

College or Technical _____ Graduate Y N

Courses _____

College or Technical _____ Graduate Y N

Courses _____

Fire and/or EMS Affiliations (Please attach all certificates)

Have you been with another fire and/or rescue department? Y N

Name of Department _____

Years Served _____ Supervisor _____

Name of Department _____

Years Served _____ Supervisor _____

CPR Certified? Y N Wisconsin EMT Licensed? Y N

License Number _____ Date of Expiration _____

Firefighter Certified Y N Level _____ Date _____

Please read the following carefully and sign.

I understand that intentional omissions or falsifications will result in the denial of this application and/or dismissal.

I agree to abide by all rules and regulations of the Elkhorn Area Fire and Rescue Department set forth in policies, standard operation guidelines, as well as official direction and orders.

I agree to abide by policies set forth by the Walworth County Emergency Medical Services Board in EMS Protocols, and follow orders of medical direction at all times (For EMS/Technical Rescue Personnel).

I understand that deviation from policies and procedures as listed above may result in discipline and/or termination.

I hereby give the Elkhorn Area Fire and Rescue Department and/or the Elkhorn Police Department permission to conduct background checks into personal, professional, educational, motor vehicle and criminal records and interviews for purposes of verification and inquiry. I indemnify and hold harmless the Elkhorn Area Fire and Rescue Department, and/or the Elkhorn Police Department in pursuit of such information.

I swear (or affirm) under the penalty of perjury, the information is complete and correct to the best of my knowledge. By signing below, I agree to all of the terms above and wish to enter my application. By not signing, your application will not be considered.

Signature of Applicant

Date

EMS Division

Date

Fire Chief

Date

INTERNAL USE ONLY

Driving Record _____

Criminal History _____

Information Verification _____

References _____

Interview Results

ACCEPTED _____ DENIED _____