

EAGLE POINT FIRE DEPARTMENT
STATE HWY 124
Chippewa Falls, WI 54729

APPLICATION

Please print or type all information:

Last Name	First Name	Middle Initial
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APPLICATION FOR POSITION OF:

1st RESPONDER

(CHECK ALL THAT APPLY)

PROBATIONARY FIREFIGHTER (18 YEARS OF AGE OR OLDER)

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

HOME PHONE _____

CELL PHONE _____

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

IF YES, LICENSE NUMBER AND STATE: _____

HOW DID YOU FIND OUT ABOUT EAGLE POINT FIRE DEPARTMENT (EPFD)? _____

HAVE YOU FILED AN APPLICATION WITH EPFD IN THE PAST? YES NO IF YES, LIST DATES _____

HAVE YOU BEEN A MEMBER OF EPFD IN THE PAST? YES NO

IF YES, LIST DATES _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

(Proof of U.S. citizenship or immigration status may be required)

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST SEVEN YEARS? YES NO

IF YES, PLEASE EXPLAIN _____

EDUCATION AND TRAINING

NAME AND LOCATION OF HIGH SCHOOL ATTENDED _____

IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED EQUIVALENCY? YES NO

TRAINING BEYOND HIGH SCHOOL - College, University, or other schools you have attended.

NAME AND LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA	DEGREE EARNED
	FROM	TO				

Describe any education or training you have had which is not covered above, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the position or positions for which you are applying. Also, include relevant licenses or certificates. Be specific.

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the position or positions for which you are applying.

WORK EXPERIENCE

Provide a complete description of your past work experience. Start with your most recent job. Be specific. INCLUDE SERVICE IN THE ARMED FORCES. Indicate any changes in your job title under the same employer as a separate position.

Employer	Kind of Business	Location (City and State)
Your Title	Reason for Leaving	Dates Employed From: To:
Please list your job duties.		

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MAY WE COMMUNICATE WITH YOUR PRESENT/PAST EMPLOYER? YES NO

DO YOU HAVE ANY LIMITATIONS THAT WOULD NOT ALLOW YOU TO PERFORM IN THE POSITION OR POSITIONS FOR WHICH YOU ARE APPLYING? YES NO If yes, please explain.

REFERENCES (Please do not include employers or relatives)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

It is understood and agreed that any misrepresentation by myself in this application will be sufficient cause for cancellation of this application and/or separation from Eagle Point Fire Department (EPFD) service if I have been approved for employment. I give EPFD permission to investigate all references and current and past employers to secure additional information about me, if job related. I hereby release from liability EPFD and its representatives for seeking such information and all other persons, corporations and/or organizations for furnishing such information.

EPFD is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for service on a basis prohibited by local, state, or federal law.

All First Responder applicants shall have successfully completed CPR/AED for the health care provider from American Heart Association and possess current (within the past 2 years) training credentials for either; First Responder, EMT, or Paramedic. Applications submitted without proper proof of training will be rejected. Applicants who are not eligible to be licensed as a First Responder by the State of Wisconsin will also be rejected. Applicants with training credentials that are about to expire may be considered with the application being placed on hold until a refresher course is completed.

A back ground check will be done by the Town of Eagle Point before an application is considered by the Fire Department. It is possible the application can be rejected if the back ground check presents itself with charges, convictions, or pending convictions associated with driving speed, drinking, disorderly conduct, or theft.

My signature indicated that I have read and understand the articles of this application and all the information I have provided is true to my knowledge.

Date: ____/____/____

Signature: _____

Town Clerk: back ground check OK: ___YES ___NO Date: ____/____/____

Comments: _____

Officer's Signatures and date of Officer's meeting: ____/____/____

Rocky Berg _____

Chief's Recommendation:

Joel Woodruff _____

First Responder

Scott McCann _____

Probationary Firefighter

Marcy Trubshaw _____

Lee O'Donnell _____

Travis Berg _____

Board Meeting Date: ____/____/____ Approval of Board: ___YES ___NO

Chief's Signature and approved for: _____

First Responder

Probationary Firefighter

Date: ____/____/____

Chief Review Date: ____/____/____

The applicant is accepted into the membership on a one year probationary period, the Chief and Officers reserve the right to review the member and his or her performance, the first review date is stated above.