

# EAGLE POINT FIRE DEPARTMENT

14802 STATE HWY 124  
Chippewa Falls, WI 54729

## APPLICATION

Please print or type all information:

Last Name	First Name	Middle Initial
-----------	------------	----------------

APPLICATION FOR POSITION OF:

(CHECK ALL THAT APPLY)

1<sup>st</sup> RESPONDER

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	MAJOR FIELD	GPA	DEGREE
	FROM	TO	EARNED			EARNED

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.		

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

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

**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.**

Note: Birthdate is required for a background check. You will be asked to provide this to the clerk as a final application process for board approval.

**REFERENCES (Please use references from previous fire dept supervisor or chiefs if you have fire fighting experience. Do not include employers or relatives.)**

NAME                                      ADDRESS                                      PHONE

NAME                                      ADDRESS                                      PHONE

NAME                                      ADDRESS                                      PHONE

=====

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from EPFD service if I have been approved for service. I give EPFD permission to investigate all references and 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.

Eagle Point Fire Department is an equal opportunity corporation. 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 1<sup>st</sup> Responder applicants shall have successfully completed CPR/ AED for the health care provider from the 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 applications being placed on hold until refresher training is completed.

My signature indicates that I have read and understand the articles of the application.

| Date \_\_\_\_\_

Signature \_\_\_\_\_

Chief Review: Month \_\_\_\_\_

Chief's Recommendation:

(CHECK ALL THAT APPLY)

Day \_\_\_\_\_ Year \_\_\_\_\_

1<sup>st</sup> RESPONDER

PROBATIONARY FIREFIGHTER

Board Approval: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

The above named applicant was accepted into membership on a 1-year probationary period for the following positions: (CHECK ALL THAT APPLY)

1<sup>ST</sup> RESPONER

PROBATIONARY FIREFIGHTER

Chief's Signature: \_\_\_\_\_

Date: