

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
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APPLICATION FOR POSITION OF:

(CHECK ALL THAT APPLY)

1st 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.		

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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 POSTION 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

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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 1st 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 _____ Day _____ Year _____
Chief's Recommendation: 1st RESPONDER
(CHECK ALL THAT APPLY) 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)
 1STRESPONER
 PROBATIONARY FIREFIGHTER

Chief's Signature: _____

Date: