



Town of Ellington Fire / EMS

N3802 Highway 76 • Hortonville, Wisconsin 54944



PERSONAL INFORMATION

Full Name:		Date:
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>		<i>State</i> <i>ZIP Code</i>
Phone: ()		E-mail Address:
Social Security #	Date of Birth / /	Drivers License #

Position Applied for: **Emergency Medical Responder** **Firefighter**

Availability (check all that apply):	DAYTIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you eligible to work in the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any type of criminal record?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Town of Ellington resident?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

*If yes, please explain:

Have you ever been convicted of a crime other than minor traffic violations?
 If yes, please submit a copy of your driving record for each state convicted.

YES NO

Education

High School:		City:	
From:	To:	GPA:	Specific area of study:
College or University:		City:	
From:	To:	GPA:	Specific area of study:

Please check all course completed and/or licenses currently held:

Wisconsin State Firefighter I	<input type="checkbox"/>	Driver / Operator	<input type="checkbox"/>	CPR / AED / First Aid Certified	<input type="checkbox"/>
Wisconsin State Firefighter II	<input type="checkbox"/>	Fire Officer I	<input type="checkbox"/>	Emergency Medical Responder	<input type="checkbox"/>
Hazardous Material Operations	<input type="checkbox"/>	Fire Inspector	<input type="checkbox"/>	Emergency Medical Technician-Basic	<input type="checkbox"/>

Achievements and Training

List any awards, special recognitions, achievements: _____

List any other training, courses, or related experience _____

References

Please list three professional references.

Full Name:	Relationship:
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Company:	Phone:
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Address:

Full Name:	Relationship:
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Company:	Phone:
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Address:

Full Name:	Relationship:
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Company:	Phone:
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Address:

Current Employment, Previous Employment

Company:	Phone:
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Address:	Supervisor:
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Job Title:	Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone:
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Address:	Supervisor:
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Job Title:	Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone:
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Address:	Supervisor:
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Job Title:	Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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