Fort Atkinson Fire Department Employment Application

Please complete the application in its entirety and submit the completed application to:
Division Chief Nate Lawrence — nlawrence@fortatkinsonwi.gov

Please ensure all required information is completed before submitting your application.

Personal Information

Name		
Address	City	State
Email Address	Phone number	

Position

Position you are applying for	Available start date

Employment desired

☐ Fulltime ☐ Part time ☐ Intern

Certifications

☐ Firefighter 1 ☐ Firefighter 2 ☐ Officer ☐ EMT ☐ AEMT ☐ Paramedic

Additional Information

Have you been convicted of a felony within the last seven years? Yes No

Do you hold a Valid Driver's License? Yes No

Formal Education

Institute	Location	Years attended	Degree	Major (if applicable)

Employment History

Current Employment	Job Title	Supervisor's Name	
Phone Number		Start Date	End Date
Address	City	State	Zip Code
Employment 2	Job Title	Supervisor's Name	
Phone Number		Start Date	End Date
Address	City	State	Zip Code
Employment 3	Job Title	Supervisor's Name	
Phone Number		Start Date	End Date
Address	City	State	Zip Code

Professional References

Name	Title	Company	Phone Number

Signature Disclaimer

I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. I certify that all answers to questions in this application are true, and I agree that my misstatement or omissions of material fact will cause disqualification in consideration of, or termination from employment of any kind with the City of Fort Atkinson. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Name (Print)	
Date	

Wisconsin Department of Justice
Law Enforcement Standards Board
DJ-LE-305, Rev. 8/00

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the _____
Employing Agency
or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize _____,
Employing Agency
as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

_____ _____
Date *Signature - Full Name*

_____
Address - Street and Number

_____
City *State* *Zip*

Witness: _____
Signature