

**Richland Fire Department**  
 205 East Mill Street  
 Richland Center, Wisconsin USA 53581

**Employment Application**

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The RICHLAND FIRE DEPARTMENT is firmly committed to providing equal employment opportunity in all phases of employment activity, without regard to race, color, national origin, religion, sex, age, disability, veteran status, sexual preference, marital status, or any other status protected by relevant statute or ordinance.

<b>Section A: Personal Information</b>			
Last Name	First	Middle	Date
Street Address	Home Telephone		(    ) -
City, State, Zip	Business Telephone		(    ) -
e-mail address:			

Have you ever applied for employment with RICHLAND FIRE DEPARTMENT?	
<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes: Month & Year    Location	

Position Desired:	Salary Desired:	Are you of the legal age to work?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If not, what hours can you work?</i>	
When will you be available to begin work?	
Are you willing to travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Proof of U.S. Citizenship or immigration status will be required upon employment.</i>	

<b>Section B: Education and Experience Information</b>					
Level of Schooling	Name and Location (City, State) of School	Course of Study	No. of Yrs Completed	Did You Graduate?	Degree/Diploma Year Obtained
Graduate					
Undergraduate					
Business/Trade/Technical					
High School					
<b>Membership in Job-Related Professional or Civic Organizations</b> <i>(Exclude those which may disclose personal affiliations)</i>					
<b>Military Experience Have you been in the Military:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, What Branch?</b>					
Describe Training Relative to Desired Position:					

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<b>Previous Employment</b>			
<small>(Please give complete full-time and part-time employment record beginning with present or most recent employer. Use a separate page if necessary).</small>			
Company Name		Name of Supervisor	
Address			Telephone
			(   ) -
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

Company Name		Name of Supervisor	
Address			Telephone
			(   ) -
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

Company Name		Name of Supervisor	
Address			Telephone
			(   ) -
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State Reason:	

Company Name		Name of Supervisor	
Address			Telephone
			(   ) -
Employed (month and year):		Start	Last
From	To	Annual Incentive/Bonus/Other:	
State Job Title and Describe Your Work:		Reason for Leaving:	

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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please State Reason:
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<b>Additional Special Training or Skills</b> (including classes, languages, machine operation, etc.)

<b>Section C: Miscellaneous Information</b>
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Have you ever received a government security clearance? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
<i>If Yes, state employer name, government agency and clearance level.</i>
Have you been convicted of a crime (felony or misdemeanor) in the past ten years which has not been "sealed," expunged, or otherwise stricken from the court record? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>
<i>If Yes, describe in full.</i> <small>(Conviction will not necessarily disqualify an applicant)</small>

State names of relatives and friends working for RICHLAND FIRE DEPARTMENT.
How did you hear about the position? <input type="checkbox"/> Newspaper (name) <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Other

<b>Professional References</b> ( <i>Not employers or relatives</i> )	
Name	Phone (    ) -
Name	Phone (    ) -
Name	Phone (    ) -

ATTESTMENT: My signature below constitutes full acceptance of this employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge. I hereby authorize my present and past employers and educational institutions/providers to release to RICHLAND FIRE DEPARTMENT information about my employment or educational history which is in their possession or subject to their control, including information contained in my personnel file.

If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks satisfactory to RICHLAND FIRE DEPARTMENT. If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview(s) I may be discharged. If RICHLAND FIRE DEPARTMENT accepts me for employment, I agree to abide by all of City of Richland Center's policies and practices during my employment. If I am employed, I understand that I will be required to sign agreements regarding secrecy of communications and inventions, discoveries, or developments that make, discover, or develop during my employment at RICHLAND FIRE DEPARTMENT. In accordance with RICHLAND FIRE DEPARTMENT's policy to maintain a drug-free workplace, RICHLAND FIRE DEPARTMENT reserves the right to make an offer of employment contingent upon an applicant submitting to a drug test and receiving a negative drug test result. I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

The information provided in this application, in my resume, and related employment documents, is true, correct, and complete. If employed, any misstatement or omission of fact on these documents may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature	Printed Name	Date

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECK**

(For official use only – not to be released to unauthorized personnel)

This release is executed to authorize the Richland Center Fire Department, as a prospective employer, to obtain the following information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any other purpose.

I, the undersigned, hereby empower an employee of the Richland Center Police Department, Richland County Sheriff's Department, or other authorized representative bearing this release to, within one year of its date; obtain information and records 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 or financial institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.
9. Any current or previous landlord or place of residence contacts.
10. Driver's records.
11. Any individual employed by another fire department (if you were a prior fire service member).

I hereby release any RCFD official, Municipal, State, or Federal law enforcement agency, individual or institution, including any officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. Any office, clinic, sanatorium, or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature are diagnosed and treated). Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per American with Disabilities Act).

Other as listed below by applicant:

2. \_\_\_\_\_
3. \_\_\_\_\_

Applicants name: (please print) \_\_\_\_\_

Driver's license #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Applicants full address: \_\_\_\_\_

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Notary Public Stamp Here

Expires: \_\_\_\_\_