

Sun Prairie Fire and Rescue Company

2598 W. Main Street
 Sun Prairie, WI 53590
 Phone: 608-837-5066



APPLICANT INFORMATION

Last Name		First		Middle	
Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone			
E-mail Address					
Maiden Name		Date of Birth			
Social Security No.		Drivers License#			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had a criminal conviction ?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you have any pending criminal charges?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
Do you have a diploma or equivalent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Name		Relationship	
Address		Phone	
Name		Relationship	
Address		Phone	
Name		Relationship	
Address		Phone	

PREVIOUS RESIDENCE (past 10 years)

Dates	Landlord		
Address		Apartment/Unit#	
City	State	ZIP	
Dates	Landlord		
Address		Apartment/Unit#	
City	State	ZIP	
Dates	Landlord		
Address		Apartment/Unit#	
City	State	ZIP	

EMPLOYMENT

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

MILITARY SERVICE				
Branch		From	To	
Rank at Discharge		Type of Discharge		
If other than honorable, explain				
Any prior firefighting/EMS experience?				
FIRE/EMS SERVICE				
Any prior firefighting experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	From	To
Department(s)				
Any prior EMS experience?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	From	To
List current Fire & EMS Certifications:				
DISCLAIMER AND SIGNATURE				
Please Read Carefully Applicant's Certification and Agreement				
<p>I hereby certify that the facts set forth in the application for employment are true and complete to the best of my knowledge. I understand that in the event of employment, falsified statements on this application or given to the Department through the application process may be considered sufficient cause for dismissal.</p> <p>I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the Sun Prairie Fire Department Company or its agent, upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could be done on multiple occasions during employment.</p> <p>Some positions may require a physical examination following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the Sun Prairie Fire and Rescue Company.</p> <p>In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the Sun Prairie Fire Company I hereby release from liability and hold harmless the Sun Prairie Fire Company and all persons and corporations supplying this information to the Sun Prairie Fire Company and/or its agents. A photocopy of this authorization is as effective as the original.</p>				
Signature			Date	