

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? Yes No Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? Yes No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)
	From	To			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, inservice training. Please provide dates.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List computer programs you are familiar with:

Other computer skills (e.g.: internet, desktop publishing):

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying.

List any Memberships in Professional or Technical Associations:

Current License or Registration as a member of a trade or profession:

REFERENCES

List persons who are familiar with your qualifications and background. (Not relatives or present employers, fellow employees or school teachers.)
Individuals must be responsible adults who have known you personally for at least three years.

Name	Telephone	Nature of Relationship
1.		
2.		
3.		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____
Description/Duties:		

GENERAL INFORMATION

If there is any additional information not requested which you believe relevant to your ability to perform the duties and responsibilities for the position you are applying for, you may provide this information for consideration. (Attach additional sheet if necessary.)

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of Brillion that may be required to enable the City of Brillion to arrive at an employment decision.

I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Brillion only for consideration of my employment.

I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination.

I understand that I may be fingerprinted and a criminal record check made of local, state or federal authorities and that a conviction is not an automatic bar to my employment.

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment tendered by me will be contingent upon the results of additional testing, a complete background check, and fitness evaluation.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants' names must be disclosed. Wisconsin Statutes does require if request is made for the names of the finalist considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

Brillion Fire Department New Member Information

The following list contains some of the requirements for membership in the Brillion Fire Dept. This list is intended as an informative guide for new applicants and is not complete.

- Members must be must live within the fire district covered by the Brillion Fire Department.
- Members must be 18 years of age and hold a high school diploma or equivalency there of.
- Members must pass a physical given by the city physician.
- Members are subject to a twelve (12) month probation period during which they may be dismissed for any reason.
- Members must attend at least six (6) regular meetings in any twelve (12) month period, and must not miss more than three (3) consecutive meetings without an excuse. Subject to dismissal.
- Members must attend monthly drills and other extra training. Absence at more than three (3) regular drills within a twelve (12) month period is subject to dismissal.
- New members must possess a valid drivers license.
- New members will be given the opportunity and must successfully complete Firefighter I certification (96 hrs.) within twenty four (24) months of joining.
- Due to training regulations and restrictions, beards for new members are prohibited. (COM 30.12(6)).
- Members must be able to work from ladders and at varying heights which could be considerably above ground level.
- Members must be able to work in confined spaces and with self contained breathing apparatus.
- Dues for membership are as currently posted in the bylaws and are payable at each regular meeting.
- Members Shall perform such other duties as may, from time to time, be required by the City and/or Brillion Fire Department.

I _____, have read and understand the above.

Signed _____

Date _____