BONDUEL AREA FIRE DEPARTMENT

Bonduel Area Fire Department 201 S 1st Street, PO Box 67 Bonduel, WI 54107 FIRE@VILLAGEOFBONDUEL.COM

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

For Office Use Only

Please print in ink. Answer all questions completely. Incomplete applications may be rejected.

** Any application received after the deadline will not be considered **

A separate application is required for each position.

SUBMIT COMPLETED APPLICATION TO BONDUEL VILLAGE HALL, 117 W GREEN BAY ST, BONDUEL WI, 54107

Name:					Home Phone: ()			
(Last)	(First)		(1	Middle)	E-mail:			
Address:					Business Phone:			
(Street)			(Apt #)		Can we contact you at this #? ☐ Yes ☐ No			
					Cell Phone #:			
(City)	(County)	(State)		(Zip)				
TITLE OF POSITION FOR	TITLE OF POSITION FOR WHICH YOU ARE APPLYING:							
Are you legally eligible for emp	ployment in the United States?	□ Yes	□ No		When will you be available for employment?			
Are you at least 18 years of age								
	by Village of Bonduel? If yes, ☐ Y	es □ No			•			
when, in what position, and in what								
List any relatives employed by	the Village of Bonduel, or serving	as elected or	appointed	officials of th	e Village of Bonduel:			
					_			
	The Village of Bonduel may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.							
, 1	Do you possess a valid Driver's License? ☐ Yes ☐ No Do you possess a valid Commercial Driver's License? ☐ Yes ☐ No Type:							
* 1								
LIST ANY MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS: Current License, Certification OR Registration as a Mem a Trade or Profession:								
Have you ever been convicted of	of an ordinance violation, misdeme	eanor, or felor	ny? □	Yes □ No	If yes date of conviction and, please explain:			
Are there any ordinance, felony	, or misdemeanor violation charge	es presently pe	ending agai	inst you?	☐ Yes ☐ No If yes, please explain:			
Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.)								
NOTE: Any affirmative responses above do not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position. All positions require conviction or arrest information to evaluate circumstances of the offense.								
DID YOU GRADUATE FROM	M HIGH SCHOOL?	☐ Yes	□ No	Name/Loc	ation of School:			
If no, have you passed a high so	chool equivalency or GED test?	☐ Yes	□ No	Location a	nd Date of Test:			
SPECIAL SKILLS:					Typing SpeedWPM			
List all computer software which	ch you can operate proficiently:							

TRAINING BEYOND H	HIGH SCHOOL: College or Univers	ity, Nursin	g, Business Colleg	e, or oth	ner schools you ha	ve attended.		
College, University or School — Name and Location				Dates Attended (Month/Year) From To		Major Field	Type of Degree (If Rec'd)	GPA
					□ Yes			
					□ Yes			
					□ No			
					☐ Yes ☐ No			
Please provide dates. IMPORTANT: You mu	or training you have had which is not	ons of this	application. Prov	ide <u>all</u>	employment his	tory in the past 10	years, minimum. Us	se additiona
sheets, if necessary. You EMPLOYMENT SECTI	may attach a resume to further expon:	plain your	qualifications. In	comple	ete or inaccurate	work histories may	result in disqualific	ation.
From (Mo. & Yr.)	Title of your PRESENT/MOST	RECENT	position:	I	PRIMARY DUT	IES:		
To (Mo. & Yr.)	Employer's Name (Company N	(ame)	Phone No.					
Hours Each Week:	c: Address:							
Full Time Part Time Temp	Name and Title of Supervisor	Name and Title of Supervisor						
Name and Title of Next Higher Supervisor				I	If we contact your present employer, will your position be endangered Yes No			
supervise: discharged?		u involuntarily ed?	F	Reason for Leavin	g or Considering Ch	ange:		
From (Mo. & Yr.)	Title of position held:			I	PRIMARY DUT	IES:		
To (Mo. & Yr.)	Employer's Name (Company N	Jame)	Phone No.					
Hours Each Week:								
Hours Each Week: Address:								
Full Time □ Part Time □ Temp □	Name and Title of Supervisor							
•	Name and Title of Next Higher Supervisor							
No. of employees you supervised: Were you in discharged □ Yes		u involuntarily ed?	F	Reason for Leaving or Considering Change:				

From (Mo. & Yr.)	Title of position held:			PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company N	Jama)	Phone No.	
10 (Mo. & 11.)	Employer's Name (Company P	vaine)	Phone No.	
Hours Each Week:	Address:			
Full Time □ Part Time □	Name and Title of Supervisor			
Temp □				
	Name and Title of Next Higher Supervisor			
	No. of employees you supervised:	Were your discharge	ou involuntarily ged?	Reason for Leaving or Considering Change:
		□ TC3	L 110	L
From (Mo. & Yr.)	Title of position held:			PRIMARY DUTIES:
To (Mo. & Yr.)	Employer's Name (Company N	Name)	Phone No.	
,		,		
Hours Each Week:	Address:			
Full Time	Name and Title of Supervisor			
Part Time	Name and Title of Next Higher Supervisor			
Temp □				
	Name and Title of Next Higher	Superviso	r	
	No. of employees you supervised:	Were yo	ou involuntarily	Reason for Leaving or Considering Change:
	supervised.	☐ Yes	□ No	
Firefighter training:	Please check all that app	ly and t	he vear comple	ted
☐ Entry Leve		•		
☐ Entry Leve	-			
□ FF-I				
□ FF-II	-			
☐ Driver				
☐ Officer	Year comple	ted:		
Please list any other f	irefighter or relevant tra	ining yo	u have received	l and the year completed:
	uspended/discharged fro ver name and explanation			
- • •	-			

State of Wisconsin, SPS330 states, firefighters may not have facial hair beyond a mustache. Are you willing to comply? $_{
m Yes}$ $_{
m No}$

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Village Administrator prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

APPLICAN	Г NAME:			
	First	Middle	Last	
APPLICAN	Γ ADDRESS:Street	Cita	Chaha	7:
MAIDENINI		City	State	Zip
	AME OR OTHER NAMES USED:		1 61 1 6	
	IRTH:		the Selection Committ	ee)
	CURITY NUMBER:			
LIST LAST	10 RESIDENCES (IF KNOWN) THAT YO	OU HAVE LIVED IN THE PAST 10 Y	YEARS:	
Initial:	I hereby certify that all statements ma the best of my knowledge and belief. subject me to disqualification or, if hir	I understand and agree that any miss		
Initial:	I authorize any person contacted to employment, education, and other int may include but not be limited to: rates; supervisors' comments; result allegations regarding any misconduc Village of Bonduel to request emp hold harmless the Village of Bondu information, from any liability, related	formation concerning any of the sub Application of employment; perform s of any and all tests; disciplinary t. I agree to execute release aut ployment records from my present an lel, their officers, agents, and emplo	jects covered by the nance evaluations; we reports or letters; a horization forms as d/or former employer	application which ork records; wag nd complaints of required by the (s). I release and
Initial:	I understand that I may be required gain employment or continue employment participate in required drug tests and of Bonduel and consent to the releatharmless the Village of Bonduel, the and contractors from any liability was decisions concerning employment base	syment with the Village of Bonduel Vor a pre-employment physical examase of the test results to Village of ir officers, agents and employees, and whatsoever, arising from the drug to	I. I consent freely an at a location selection Bonduel. I hereby the laboratory, their	and voluntarily to ed by the Villag release and hole employees, agent
Initial:	I authorize the Village of Bonduel, it check (including criminal) prior to me throughout employment. I release a employees, and the person(s) provide	naking a decision regarding employn and hold harmless the Village of	nent. Background che Bonduel, their offic	ecks may be don cers, agents, and
Initial:	of this check. If accepted for employment, I agree that a probationary period and that I am an	nat my status as an employee depends "at-will" employee during this probat	upon my successful p	erformance during
Initial:	that Village of Bonduel maintains a dr I understand residency requirements a these requirements will subject me to i	apply to some Village of Bonduel posi	itions. I understand tl	nat violation of

If you need reasonable accommodation anytime during the application process, please notify Village of Bonduel.

The Village of Bonduel is committed to the equality of opportunity for all people. It is the policy of the Village of Bonduel to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.

Bonduel Area Fire Department Application

Date

Applicant Signature