

TOWNSHIP FIRE DEPARTMENT, INC.

4601 E. Hamilton Avenue

Eau Claire, WI 54701

APPLICATION FOR TFD, INC.

Please print or type all information:

Last Name	First Name	Middle Initial
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APPLICATION FOR POSITION OF:

(CHECK ALL THAT APPLY)

EMERGICARE

PROBATIONARY FIREFIGHTER (18 YEARS OF AGE OR OLDER)

STUDENT FIREFIGHTER (16 TO 18 YEARS OF AGE)

PRESENT ADDRESS _____

STREET

CITY

STATE

ZIP

HOME PHONE _____

CELL PHONE _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

IF YES, LICENSE NUMBER AND STATE: _____

HOW DID YOU FIND OUT ABOUT TOWNSHIP FIRE DEPARTMENT (TFD)? _____

HAVE YOU FILED AN APPLICATION WITH TFD IN THE PAST? YES NO IF YES, LIST DATES _____

HAVE YOU BEEN A MEMBER OF TFD IN THE PAST? YES NO

IF YES, LIST DATES _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

(Proof of U.S. citizenship or immigration status may be required)

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE PAST SEVEN YEARS? YES NO

IF YES, PLEASE EXPLAIN _____

EDUCATION AND TRAINING

NAME AND LOCATION OF HIGH SCHOOL ATTENDED _____

IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED EQUIVALENCY? YES NO

TRAINING BEYOND HIGH SCHOOL - College, University, or other schools you have attended.

NAME AND LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	GPA	DEGREE EARNED
	FROM	TO				

Describe any education or training you have had which is not covered above, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the position or positions for which you are applying. Also, include relevant licenses or certificates. Be specific.

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the position or positions for which you are applying.

WORK EXPERIENCE

Provide a complete description of your past work experience. Start with your most recent job. Be specific. **INCLUDE SERVICE IN THE ARMED FORCES.** Indicate any changes in your job title under the same employer as a separate position.

Employer	Kind of Business	Location (City and State)
Your Title	Reason for Leaving	Dates Employed From: To:
<p>Please list your job duties.</p>		

Employer	Kind of Business	Location (City and State)
Your Title	Reason for Leaving	Dates Employed From: _____ To: _____
Please list your job duties.		

Employer	Kind of Business	Location (City and State)
Your Title	Reason for Leaving	Dates Employed From: _____ To: _____
Please list your job duties.		

MAY WE COMMUNICATE WITH YOUR PRESENT/PAST EMPLOYER? YES NO

DO YOU HAVE ANY LIMITATIONS THAT WOULD NOT ALLOW YOU TO PERFORM IN THE POSTION OR POSITIONS FOR WHICH YOU ARE APPLYING? YES NO **If yes, please explain.**

REFERENCES (Please do not include employers or relatives)

NAME ADDRESS PHONE

NAME ADDRESS PHONE

NAME ADDRESS PHONE

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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from TFD service if I have been approved for service. I give TFD permission to investigate all references and to secure additional information about me, if job related. I hereby release from liability TFD and its representatives for seeking such information and all other persons, corporations and/or organizations for furnishing such information.

Township Fire Department, Inc. is an equal opportunity corporation. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for service on a basis prohibited by local, state or federal law.

All Emergicare applicants shall have successfully completed CPR/ AED for the health care provider from the American Heart Association and possess current (within the past 2 years) training credentials for either, First Responder, EMT, or Paramedic. Applications submitted without proper proof of training will be rejected. Applicants who are not eligible to be licensed as a First Responder by the State of Wisconsin will also be rejected. Applicants with training credentials that are about to expire may be considered with the applications being placed on hold until refresher training is completed.

My signature indicates that I have read and understand the articles of the application.

| Date _____

Signature _____

If this application is for the position of Student Firefighter, then the applicant's parents or legal guardian's signature is required. This signature indicates that they have read and understood the articles of this application and the role of the Student Firefighter as outlined in TFD's job description of the Student Firefighter Program, and give their permission for the applicant to become a member of TFD.

Date	Signature
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Personnel Committee Review: Month _____ Day _____ Year _____

- Personnel Committee's Recommendation:
(CHECK ALL THAT APPLY)
- EMERGICARE
 - PROBATIONARY FIREFIGHTER
 - STUDENT FIREFIGHTER
 - OTHER _____

Board Approval: Month _____ Day _____ Year _____

The above named applicant was accepted into membership on a 1-year probationary period for the following positions: (CHECK ALL THAT APPLY)

- EMERGICARE
- PROBATIONARY FIREFIGHTER
- STUDENT FIREFIGHTER

Chief's Signature: _____

Date: