



# Kewaunee Fire Department

320 Harrison Street, Kewaunee WI, 54216 (Station 1)

920-388-5006

401 Fifth Street, Kewaunee WI, 54216 (Station 2)

[www.cityofkewaunee.org](http://www.cityofkewaunee.org)



The City of Kewaunee is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the company to provide employment, compensation and other benefits related to employment based on qualifications., without regard to race color, religion, nation of origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the City of Kewaunee intends to comply fully with all federal and state laws and the information requested on this application will not be used for any other purpose prohibited by law. Disabled applicants may request any needed accommodation.

(Please Print)

POSITION APPLIED FOR: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your age?  YES  NO

Have you ever filed an application with the City of Kewaunee Fire Dept. Before?  YES  NO

Have you ever been an employee of the City of Kewaunee?  YES  NO

Are you currently employed?  YES  NO

May we contact your employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of  
Visa or Immigration Status?  YES  NO

Do you have any prior Fire Service experience?  YES  NO

Have you ever been convicted of a crime?  YES  NO

If yes, please give detail. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

|             | Name and Location of School | Number of Years Completed | Did You Graduate | Degree or Certificate |
|-------------|-----------------------------|---------------------------|------------------|-----------------------|
| Elementary  |                             |                           |                  |                       |
| High School |                             |                           |                  |                       |
| College     |                             |                           |                  |                       |
| Other       |                             |                           |                  |                       |

List any current licenses, certificates or certifications that you hold which are required for this position as described in the job description. (You may include any other that you feel are significant to your qualifications for this job.) Attach a copy of all certificates that are listed.

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List any special skills or qualifications which you feel are relevant to the job for which you are applying for.

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Where you honorably discharged: \_\_\_\_\_  YES  NO

What were your duties: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Please give accurate and complete information. Start with present or most recent employer. Attach an additional sheet if necessary. You may also include a resume.

COMPANY NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

POSITION &amp; RESPONSIBILITIES:

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COMPANY NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

POSITION &amp; RESPONSIBILITIES:

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COMPANY NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_

POSITION &amp; RESPONSIBILITIES:

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## References

Name of reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of reference: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION & SIGNATURE

Please read the following statements carefully before you sign your name or initial where indicated.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references (if references are requested any time in the hiring process), past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Kewaunee. I have read, understood and agree to the above statement. **PLEASE INITIAL HERE** \_\_\_\_\_

I further understand that no representative of the City of Kewaunee has the authority to enter into any agreement for employment for any specified period of time and that the City of Kewaunee is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the City of Kewaunee. I have read, understand and agree to the above statement. **PLEASE INITIAL HERE** If employed, I agree to abide by all of the work and safety rules of the City of Kewaunee. I understand that the City of Kewaunee is committed to maintaining a drug-free workplace. I am aware that the City of Kewaunee may require a drug test as a part of the hiring process. Also, if employed, I realize that the City of Kewaunee conducts drug and alcohol testing of its employees in accordance with set policies and procedures. I have read, understand and agree to the above statement. **PLEASE INITIAL HERE** \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_