



# Employment Application

Southern Ozaukee Fire and EMS Department Administrative Office: 11300 N. Buntrock Ave, Mequon, WI 53092  
 Telephone (262)242-2530; Fax (262) 242-5042; Email: dbialk@ci.mequon.wi.us

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

In accordance with the Immigration Reform and Control Act of 1986, the Southern Ozaukee Fire and EMS Department (SOFD) will employ only persons legally authorized to work in the United States. Employment if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The SOFD requires pre-employment drug testing. Additionally, SOFD is an EEO/Affirmative Action employer.

## Personal

Applicant's full name (last, first, middle)			
Present Address:		City	State ZIP Code
E-mail Address (Applicants will be contacted by e-mail if one is listed)	( )	Phone Number Day	If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
	( )	Night	
Where did you hear of position? Please be specific.			
I will accept:		What hours are you available to work?	
Full-time	Summer	Age 15 or older	
Part-time	Temporary	Yes	No
Are you now or have you ever been employed by the SOFD?		Yes	No
If yes, when and in what capacity?			
Do you have relatives working for SOFD?		Yes	No
If yes, state your relationship:		Dept.:	
Do you possess a valid Wisconsin State driver's license?		Yes	No
If no, which state?			
If yes, what is your driver's license number?			
Are you able to perform the essential functions of the position for which you are applying?		Yes	No
If no, will you be able to perform the functions with an accommodation?		Yes	No
If you have ever been convicted of an offense other than a minor traffic violation, list details below. IF YOU LIST CONVICTIONS PROVIDE YOUR BIRTHDATE ON PAGE 5. THIS INFORMATION WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:			
<p>Note: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge. Your conviction record will be obtained from the State of Wisconsin.</p>			

## Education

School	Name and Address of Institution	Major Course of Study	Last Year Completed	Did you Graduate?	Year Graduated	List Diploma or Degree
HIGH SCHOOL (or GED)	Name:		1 2 3 4	Yes: No: Yes: No:	X	
	City, State:					
	Name:					
	City, State:					
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name:		1 2 3 4	Yes: No: Yes: No:		
	City, State:					
	Names:					
	City, State:					
COLLEGE (Undergraduate)	Name:		1 2 3 4	Yes: No: Yes: No:		
	City, State:					
	Name:					
	City, State:					
COLLEGE (Graduate)	Name:		1 2 3 4	Yes: No: Yes: No:		
	City, State:					
	Name:					
	City, State:					

## Professional licenses/certifications

TYPE	STATE	EXP. DATE	REGISTRATION

## Previous Experience

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed, see the following page.

Employer's Name		Phone Number ( )	
Address		City	State ZIP Code
Job Title		Supervisor's name and title	
Dates From	To	Current Earnings: \$ _____ per	Check one: HR. MO. YR.
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving		If we contact this employer, will your employment be endangered? Yes No	

## Previous Experience (Continued)

Employer's Name			Phone Number ( )		
Address		City	State	ZIP Code	
Job Title		Earnings: \$ _____	Check one: per HR. MO. YR.		
Dates From _____ To _____		Supervisor's Name and Title			
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)					
Reason for Leaving:					

Employer's Name			Phone Number ( )		
Address		City	State	ZIP Code	
Job Title		Earnings: \$ _____	Check one: per HR. MO. YR.		
Dates From _____ To _____		Supervisor's Name and Title			
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)					
Reason for Leaving:					

## List other employment not shown above:

FROM DATE	TO DATE	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	EARNINGS	REASON FOR LEAVING

## References

Please list references (not relatives or employers excludes coworkers) to contact who are acquainted with your work history.

NAME	TITLE/OCCUPATION	COMPANY/ADDRESS	PHONE NUMBER

**Read the following carefully before signing**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a SOFD position. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with SOFD. I authorize the SOFD to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and will not request copies such information. A copy of this authorization shall be effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Southern Ozaukee Fire and EMS Department

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of ethnicity, color, creed, religion, sex, genetic testing, sexual orientation, marital status, service in the armed forces, national origin, ancestry, age, arrest, or non-job-related conviction record, non-job-related physical or mental disability, or the use of nonuse of lawful products off the employer's premises during non-working hours.

Completion of this form is voluntary. We ask, however, for your cooperation by providing the following information. It will be treated confidentially and used only to help us monitor the Department's equal employment efforts and to comply with federal recording keeping requirements.

1. Full Name: \_\_\_\_\_
2. Position applied for: \_\_\_\_\_
3. How did you become aware of this vacancy? \_\_\_\_\_
  - a. If internet, what website? \_\_\_\_\_
4. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_
5. Ethnicity
  - a. Black/African American (not of Hispanic origin)
  - b. Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
  - c. White/Caucasian/European/North African/Middle Eastern
  - d. Native American Indian/Alaskan Native
  - e. Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
6. List any languages, other than English, which you speak fluently: \_\_\_\_\_
7. If you have listed offenses (see page 2 of application), provide birthdate \_\_\_\_\_.  
This information will be used for verification only.
8. The above-completed information is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## *Selection Process Accommodations*

In accordance with State and Federal laws, SOFD is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; is regarded as having such impairment.

“Major life activities” mean functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.

The following information will be treated confidentially and used only to provide necessary accommodations during the selection process. Requests for accommodations must be made prior to the commencement of the selection process so that arrangements can be made.

Will you require any special accommodations during the selection process?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of accommodation(s) will you need?

\_\_\_\_\_ A signer

\_\_\_\_\_ A reader

\_\_\_\_\_ Extra time

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Provisions of the selection process accommodations may be granted by the Human Resources Division only after review and evaluation on a case by case basis. Factors considered will include the nature of the selection process and the knowledge, skills, and abilities required for the job.*