



# WALES / GENESEE FIRE DEPARTMENT

FIRE | RESCUE | EMS

## EMPLOYMENT APPLICATION

### APPLICATION PROCEDURES

We prefer that all applications be typewritten; however, if it is handwritten, the application must be carefully printed and legible. Any application that is not clearly legible or complete will not be considered. The Wales/Genesee Fire Department will not be responsible for information that is misread due to poorly written information. All questions must be answered. If a question is not applicable, so state. Applications, which are not complete and legible, will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

**The Wales/Genesee Fire Department accepts applications for employment without regard to race, color, religion, creed, gender, national origin, disability, marital status, veteran status, sexual orientation, or any other legally protected status.**

I PERSONAL DATA					
LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS					APT # / UNIT #
CITY				STATE	ZIP CODE
HOME PHONE (INCLUDE AREA CODE)		CELL PHONE (INCLUDE AREA CODE)		E-MAIL ADDRESS	
VALID WISCONSIN DRIVERS LICENSE? YES NO		DRIVERS LICENSE NUMBER		ARE YOU 18 OR OLDER? YES NO	
DATE OF BIRTH		ARE YOU A CITIZEN OF THE UNITED STATES? YES NO		IF NOT A CITIZEN ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO	
SOCIAL SECURITY NUMBER		HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO			
IF CONVICTED OF A FELONY, EXPLAIN					

II POSITION APPLIED FOR					
FIREFIGHTER		EMT		BOTH	
DATE AVAILABLE TO START			SHIFT AVAILABILITY		
			06:00 - 18:00 (M-F) 18:00 - 06:00 (M-F)		

III EDUCATION					
FROM		TO			
MONTH	YEAR	MONTH	YEAR	SCHOOL NAME	ADDRESS
					CITY
					STATE
					ZIP CODE
		DID YOU GRADUATE? YES NO		DEGREE / AREA OF STUDY	
		DID YOU GRADUATE? YES NO		DEGREE / AREA OF STUDY	
		DID YOU GRADUATE? YES NO		DEGREE / AREA OF STUDY:	
LIST ANY OTHER TRAINING, SKILLS, LICENSES, OR CERTIFICATIONS THAT MAY RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.					

# EMPLOYMENT APPLICATION

IV EMPLOYMENT					<i>List chronologically all present and past employers for the past five (5) years. Include summer, part-time and self-employment.</i>					
FROM		TO			EMPLOYER NAME				PHONE (INCLUDE AREA CODE)	
MONTH	YEAR	MONTH	YEAR	UNEMPLOYED						
				ADDRESS				UNIT / SUITE #		
TITLE		CITY				STATE		ZIP CODE		
SUPERVISOR NAME			MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?		YES		NO		STARTING SALARY	ENDING SALARY
PRIMARY RESPONSIBILITIES					REASON FOR LEAVING					
FROM		TO			EMPLOYER NAME				PHONE (INCLUDE AREA CODE)	
MONTH	YEAR	MONTH	YEAR	UNEMPLOYED						
				ADDRESS				UNIT / SUITE #		
TITLE		CITY				STATE		ZIP CODE		
SUPERVISOR NAME			MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?		YES		NO		STARTING SALARY	ENDING SALARY
PRIMARY RESPONSIBILITIES					REASON FOR LEAVING					
FROM		TO			EMPLOYER NAME				PHONE (INCLUDE AREA CODE)	
MONTH	YEAR	MONTH	YEAR	UNEMPLOYED						
				ADDRESS				UNIT / SUITE #		
TITLE		CITY				STATE		ZIP CODE		
SUPERVISOR NAME			MAY WE CONTACT YOUR PREVIOUS SUPERVISOR?		YES		NO		STARTING SALARY	ENDING SALARY
PRIMARY RESPONSIBILITIES					REASON FOR LEAVING					

V RESIDENCES					<i>Beginning with your current address, list chronologically ALL previous residences, including addresses you had while attending school and on military assignment. Include any residence that you resided in for thirty (30) days or more.</i>						
FROM		TO			ADDRESS				CITY	STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR								

# EMPLOYMENT APPLICATION

VI MILITARY SERVICE					ATTACH a COPY OF YOUR DD-214 (Member - 4 Format) Long Version				
DATES				BRANCH					
FROM		TO							
MONTH	YEAR	MONTH	YEAR	RANK AT DISCHARGE				TYPE OF DISCHARGE	
IF OTHER THAN HONORABLE, EXPLAIN									

VII REFERENCES				Give at least three (3) references, not relatives, who are responsible adults of reputable standings in their communities, such as homeowners, property owners, business or professional persons.			
LAST NAME		FIRST NAME		PHONE (INCLUDE AREA CODE)			
RELATIONSHIP						YEARS KNOWN	
LAST NAME		FIRST NAME		PHONE (INCLUDE AREA CODE)			
RELATIONSHIP						YEARS KNOWN	
LAST NAME		FIRST NAME		PHONE (INCLUDE AREA CODE)			
RELATIONSHIP						YEARS KNOWN	

VIII ADDITIONAL INFORMATION			Gender and race information are used for equal employment opportunity/affirmative action purposes only.		
HOW WERE YOU REFERRED TO US? WGFD.ORG FRIEND OR FAMILY EMPLOYEE (SPECIFY) _____ OTHER (SPECIFY) _____		GENDER? MALE FEMALE	RACE / ETHNICITY (CHECK ONLY ONE.) BLACK (NOT HISPANIC) ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE		HISPANIC WHITE (NOT HISPANIC)
EDUCATION LEVEL (CHECK HIGHEST LEVEL COMPLETED.) DID NOT COMPLETE HIGH SCHOOL/GED COMPLETED GED/HSED GRADUATED FROM HIGH SCHOOL		SOME COLLEGE, NO DEGREE ONE-YEAR VOCATIONAL DIPLOMA TWO-YEAR ASSOCIATE DEGREE		BACHELOR'S DEGREE SOME GRADUATE DEGREE COURSES GRADUATE COLLEGE DEGREE	

IX DISCLAIMER AND SIGNATURE	
<p>I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FORGOING QUESTIONS AND THE STATEMENTS MADE ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATION OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN THE REJECTION OF MY APPLICATION OR TERMINATION AT ANYTIME DURING MY EMPLOYMENT.</p> <p>I UNDERSTAND THAT IF I AM ACCEPTED ON THE GROUNDS OF THE ABOVE INFORMATION, I WILL ACQUAINT MYSELF WITH THE DUTIES OF A FIREFIGHTER AND/OR EMT, AND THE BYLAWS OF THIS DEPARTMENT AND THAT I WILL AT ALL TIMES CONDUCT MYSELF IN A PROPER MANNER AND OBEY THE ORDERS OF THE DEPARTMENT OFFICERS. I FURTHER UNDERSTAND THAT MY DUTIES MAY BE RESTRICTED UNTIL I HAVE COMPLETED NECESSARY TRAINING.</p>	
SIGNATURE _____	DATE _____

WALES GENESEE FIRE DEPARTMENT

**AUTHORIZATION & RELEASE**

NAME: \_\_\_\_\_  
*Please print*

ADDRESS: \_\_\_\_\_  
*Street address city state zip code*

Hereby authorizes the Wales Genesee Fire Department or its agents or representatives to solicit any information, or opinions, verbal or written, pertaining to the undersigned.

This authorization and release allows the Wales Genesee Fire Department to investigate all statements and information contained within the application for employment. This authorization also allows the Wales Genesee Fire Department to contact the following persons including but not limited to any law enforcement agency, any Local, State, or Federal governmental agency, and the U.S. Armed Forces.

This authorization and release allows the Wales Genesee Fire Department to investigate driver's license background check through the department's insurance company.

Furthermore, the Wales Genesee Fire Department may contact any person, school, current and past employer and organization to provide relevant information and opinions in order to make hiring decisions.

A copy of this authorization shall constitute an original when it is signed by the undersigned.

This authorization shall be effective for six (6) months following the date of execution.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of applicant*

Witnessed by: \_\_\_\_\_  
*Print name of witness*

\_\_\_\_\_  
*Signature of witness*

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

### CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

### THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

### PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

## BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)
  Household member / lives on premises - but not a client  
 Applicant for a license or certification or registration (including continuation or renewal)
  Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>			Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)				

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If <b>Yes</b> , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 <sup>th</sup> birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If <b>Yes</b> , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If <b>Yes</b> , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? ➤ If <b>Yes</b> , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If <b>Yes</b> , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If <b>Yes</b> , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If <b>Yes</b> , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If <b>Yes</b> , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If <b>Yes</b> , list the review date and the review result. You may be asked to provide a copy of the review decision.		

**A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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