

VILLAGE OF GREENDALE APPLICATION FORM

PART I

VILLAGE OF GREENDALE FIRE PERSONNEL APPLICATION (An Equal Opportunity Employer)

NOTICE: The Greendale Fire Department will conduct an initial screening (criminal record check, ordinance violations and driving record check) to determine if an applicant should be disqualified or automatically rejected as an applicant for the position of Fire Chief. Disqualified applicants will not be allowed to participate in the remaining stages of the hiring process. The following information is needed to conduct both the initial screening and detailed background investigation to be hired as the Fire Chief.

Instructions: To be filled out by the applicant only

Answer all questions. Print neatly with Black ink or type application. **DO NOT CHANGE FORMAT.** Attach supplements if necessary. Incomplete applications or not completing all form required, **MAY NOT BE CONSIDERED.**

upon submitting a resume, attach separately and DO NOT fill in the application with see resume. If not applicable, indicate N/A so we know you read the question.

Date and sign application. Failure to provide the requested information will result in disqualification from the application process.

When you submit your application you must also submit a non-refundable \$15 processing fee (U.S. Currency, check, or money order payable to the Village of Greendale.

You are not required to furnish any information, which is prohibited by federal, state, or local law.

Questions can be directed to the Village Manager's Administrative assistant Mon through Friday 8AM to 4PM M-F, at 414-423-2100.

Applications can be mailed or dropped off at:

Village of Greendale
6500 Northway
Greendale, WI 53129

VILLAGE OF GREENDALE POLICE AND FIRE COMMISSION FIRE CHIEF APPLICATION SUPPLEMENTAL INSTRUCTIONS

The following documents **must** be returned with the application or could be cause for not proceeding in the hiring process:

1. Copy of valid Wisconsin Operator's License
2. Copy of Required Certifications **OR Projected date of obtaining the required certification. (If prior to January 1, 2007, this will be acceptable). Provide graduation date.**
3. Copy of Bachelor's Degree and Transcripts or Transcripts showing the number of college credits.
4. The attached Authorization to Release Information and Waiver Form proper signed and dated.
5. Non-refundable processing fee of \$15 (U.S. Currency, check or money order payable to the Village of Greendale).

Late or incomplete applications will be rejected.

I Have read and understand all the above instructions: Sign: _____

Date: _____

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Title of Position Applying For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Department:
Name: (Last) (First) (M.I.)	Home Phone () -
Current Address: (Street) (Apt#)	Business Phone:
(City) (State) (Zip Code)	E-mail address if we can contact you
Permanent Address: if different than above: (City) (State) (Zip Code)	Cell Phone is available to contact you: () -
Social Security # _____ Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally Eligible for Employment in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid Wisconsin Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____	Do you possess any other valid Drivers Licenses Wisconsin, CDL, Motor cycle Endorsement

THIS SECTION MUST BE COMPLETED!

Have you ever been convicted of any violations of law, whether felony, misdemeanor, municipal citation, or traffic violation? Yes or No.

If yes, please explain below (you may attach additional sheet if necessary.)

Please list ALL instances in which you were convicted or have currently pending against you. Failure to include all information requested under this section may result in denial of employment.

Date	Location	Charge	Court	Disposition

NOTE: A conviction or pending arrest record does 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 or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school: _____ Location of school: _____ If no, have you passed a high school equivalency or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____
Have you or can you meet the requirements for certification as indicated for the position of Fire Chief? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING BEYOND HIGH SCHOOL:

College, university name and location	Presently Attending	Major Field	Type of Degree	Credits Earned	GPA

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EMPLOYMENT SECTION: (Start with the most recent position including military service)

From:	To:	Employer company name Telephone number	Primary Duties:
Hours per week:		Address:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Can we contact current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of your direct supervisor:	
Present Salary: Per week: Per Month:		Position Held:	
Reason for Leaving:		Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

From:	To:	Employer company name Telephone number	Primary Duties:
Hours per week:		Address:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Can we contact current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of your direct supervisor:	
Present Salary: Per week: Per Month:		Position Held:	
Reason for Leaving:		Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

From:	To:	Employer company name Telephone number	Primary Duties:
Hours per week:		Address:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Can we contact current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of your direct supervisor:	
Present Salary: Per week: Per Month:		Position Held:	
Reason for Leaving:		Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

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From:	To:	Employer company name Telephone number	Primary Duties:
Hours per week:		Address:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Can we contact current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of your direct supervisor:	
Present Salary: Per week: Per Month:		Position Held:	
Reason for Leaving:		Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

From:	To:	Employer company name Telephone number	Primary Duties:
Hours per week:		Address:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Can we contact current Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of your direct supervisor:	
Present Salary: Per week: Per Month:		Position Held:	
Reason for Leaving:		Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

PLEASE USE A SEPARATE SHEET FOR ADDITIONAL EMPLOYERS

REFERENCES

Work or education related (e.g. former employers, supervisors, co-workers, and friends). No relatives of significant other.

Name/Telephone number/Address	Occupation	Nature or relationship
1.		
2.		
3.		
4.		

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APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's Signature: _____ Date: _____

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Part II

**GREENDALE FIRE DEPARTMENT
AUTHORIZATION TO RELEASE INFORMATION AND WAIVER**

I voluntarily and knowingly authorize any employer, person, firm, corporation, school, government agency, its officers, employees and agents, to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the information disclosed may include, but not necessarily limited to:

1. Employment history, including performance evaluations, job descriptions, disciplinary reports, any other documents contained in my personnel files, including documents that may have been sealed.
2. Opinions (whether verbal or written) regarding my suitability for employment possessed by my former employer.
3. Medical records, including records of physical or psychological examinations.
4. Educational or scholastic records.
5. Financial records and credit information.
6. Records maintained by any law enforcement agency, including, but not limited to, police reports and other records of arrest and conviction, ordinance violations juvenile records, or those relating to traffic violations.

I understand that this information is to be used to assist the Greendale Fire Department and/or the Greendale Police and Fire Commission in determining my qualifications and fitness for the position I am seeking with the Greendale Fire Department. I authorize the Greendale Fire Department to obtain any information falling within the categories listed above, including any information which may be considered confidential or privileged, and authorize the Greendale Fire Department to photo copy that information if it so desired.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school, or government agency, its officers, employees and agents, from any and all claims, liability, demands, causes of action, damages, or costs (including attorney fees), present or future, whether known or unknown, anticipated, arising from or incident to the disclosure of derogatory facts concerning my employment which the officer, employee or agent disclosing such facts knows are untrue.

I further waive and release any claim whatsoever I might have for any injury occurring while competing in any portion of the examination.

Applicant's Name (Please Print)

Applicant's Signature

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PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION

Village of Greendale Recruitment Information

This form is not part of your application for employment and will stay separate from the application. Your completing this form is completely voluntary and it will neither help nor hinder your chance for employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the Village's Affirmative Action efforts. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. NAME: _____
Last First M.I.

2. ADDRESS: _____

3. POSITION(S) APPLYING FOR: _____ 4. YEAR: _____

5. RACIAL/ETHNIC GROUP: How do you describe yourself in terms of the following groups?

- _____ A. **White, not of Hispanic origin:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ B. **Black/African American or African:** A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- _____ C. **American Indian or Alaska Native:** A person descending from any of the original peoples of North, South or Central America who possess ¼ degree of documented tribal descendency or is enrolled with a federally and state recognized tribe.
- _____ D. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- _____ E. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ F. **More Than One Race:** A person designating more than one of the racial groups above.
- _____ F. **Hispanic/Latino Ethnicity:** A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
- _____ G. **Not Hispanic/Latino Ethnicity:** A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

6. GENDER: _____ Male _____ Female

7. RECRUITMENT: How did you hear about the job in which you are most interested (Check only one)?

- _____ A. Village Newspaper (*Village Life*)
- _____ B. Another Newspaper (which one: _____).
- _____ C. Professional Journal (which one: _____).
- _____ D. Village Newsletter
- _____ E. Village Website
- _____ F. Bulletin Board (where: _____).
- _____ G. Word of mouth: _____.
- _____ H. Internet (which website: _____).
- _____ I. Radio (which station: _____).
- _____ J. League of Wisconsin Municipalities
- _____ K. Other (explain: _____).

8. VETERAN STATUS: Please check one.

- _____ A. Veteran: Branch of service: _____ and years: _____
Type of Discharge: _____
- _____ B. Active Reserves
- _____ C. None

9. DISABILITY STATUS: The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment." Based on this definition, are you an individual with a disability?

_____ Yes _____ No