

# CITY OF LAKE GENEVA FIRE DEPARTMENT APPLICATION INSTRUCTIONS

PLEASE READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

**PACKET MUST BE DROPPED OFF OR MAILED TO THE LAKE GENEVA FIRE DEPARTMENT, 730 MARSHALL STREET, LAKE GENEVA, WI 53147.**

This application packet for the position of **POC/POP Firefighter/EMT** contains a number of forms that **must** be completed and returned. In addition, you are required to submit copies of the documents listed below. Failure to complete and sign the application and forms, enclose required copies, or fail to submit by the deadline will result in the rejection of the application.

- \_\_\_\_\_ Cover Letter and Resume
- \_\_\_\_\_ Authorization for release of information filled out and signed.
- \_\_\_\_\_ Claim for Veteran's Preference Points, completely filled out and signed.
- \_\_\_\_\_ Copy of DD214 Form and Proof of Disability, if applicable, *if you are claiming Veteran's Preference Points.*
- \_\_\_\_\_ Copy of High School Diploma or equivalent.
- \_\_\_\_\_ Copy of Photo Drivers License
- \_\_\_\_\_ Copy of Firefighter or EMS certifications
- \_\_\_\_\_ Copy of additional certifications/trainings related to the position (Example, AED/CPR certification card, etc.)

How did you hear about this job opening?

- \_\_\_\_\_ Lake Geneva Regional News
- \_\_\_\_\_ Lake Geneva Fire Department Facebook page
- Other: Please Explain\_\_\_\_\_

**LAKE GENEVA FIRE DEPARTMENT**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

(For official use only, not to be released to unauthorized persons)

I, \_\_\_\_\_, fully recognize that the City of Lake Geneva has the need to conduct reference checks to verify information regarding a candidate for appointment that cannot be verified through examination. I understand that a reference check into all aspects of my qualifications will be conducted. I understand that although some of the information is a matter of public record, or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I would not be privy, in compliance with and pursuant to Section 103.13 of the Wisconsin State Statutes. I hereby authorize an employee of the Lake Geneva Police Department or other authorized representative bearing this release, within one year of its date, to obtain information and records pertaining to me, including but not limited to, psychological evaluations, internal investigations, citizen complaints, written reports, background investigations, and evaluations.

By signing the release and waiver below, I respectfully request and hereby authorize the City of Lake Geneva, or any representative thereof, to be provided and view any and all information you may have form or concerning the following:

- Employment history, including without limitation all disciplinary records, performance evaluations and any other matters contained in my personnel file and/or contained in any other files, documents or records that pertain to my employment;
- Scholastic records, from any school, college, university and other educational institutions;
- Records from Municipal, State and Federal agencies;
- Law enforcement agencies, including arrest, criminal and driving records (Such records will not necessarily bar employment, and factors such as the age of the offense, seriousness and nature of the violation, relation to the job applied for, and evidence of rehabilitation will be taken into consideration);
- Credit agencies, shall be conducted in accordance with the Fair Credit Reporting Act and amendments thereto;
- Medical tests and records, in compliance with the Americans with Disabilities Act, upon conditional offer of employment, physical examinations, drug tests, etc. shall be conducted, with medical information maintained as confidential;
- Reference checks and background investigations.

The undersigned hereby authorizes any person or legal entity who may be contacted by the City of Lake Geneva to release and transmit any information, data or opinions they may have. The undersigned further agrees to hold harmless and release from liability under any and all causes of legal action the City of Lake Geneva, its agents and employees, as well as persons, companies, schools, and others supplying such information, for any statements, acts, or omissions in the course of the investigation into the above referenced categories. On behalf of myself, my heirs, assigns and successors interest, I forever hereby release the above parties and hold them harmless from liability or damage whatsoever, which may result because of responses to this request for information under any and all possible causes of legal action, by any and all persons who shall request and/or furnish any information.

**I hereby waive the right I have to bargain for difference waiver of liability terms.**

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. I hereby knowingly, voluntarily, specifically, and permanently waive any rights I may have to examine, review, or to otherwise

discover the contents of information received from references and all documents related thereto, whether by request, appeal, grievance, or by legal process.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files until you receive signed written instructions to the contrary.

**Exceptions to this blanket authorization**

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_

Date	Signature (Full Name)
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\_\_\_\_\_

Address (Street and Number)	City	State	ZIP
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Date of Birth: \_\_\_\_\_      Witness: \_\_\_\_\_

**CITY OF LAKE GENEVA  
CLAIM FOR VETERAN'S PREFERENCE POINTS**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Position Applied For \_\_\_\_\_

1. I am not eligible for preference points under Section II, III, or IV below and I do not claim any Veteran's Preference Points.

- II. Veteran's Preference Points shall be given to any veteran of any war of the United States. To be eligible for veteran's preference points, you must be an honorably discharged veteran of the armed forces of the United States and have actively served in one or more of the following. *Check all boxes which apply.*

**I have active service during one of the following periods:**

World War II: 08/27/40 – 07/25/47

Korean Conflict: 06-27-50 – 01/31/55

Vietnam Era: 08/05/64 – 07/01/75

I have served active duty as a member of the reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section I of Executive Order 10957.

**I served in and am entitled to the Armed Forces Expeditionary Medal for services in the following campaigns:**

Lebanon: 08/01/82 – 08/01/84

Grenada: 10/23/83 – 11/21/83

Panama: 12/20/89 – 01/31/90

Middle East: Including Operation Desert Storm/Shield & other Middle East Campaigns  
Campaign: \_\_\_\_\_ Time Served: \_\_\_\_\_

- III. If you are eligible for preference points under Section I or II above and you have a disability which is directly or indirectly traceable to your service, you are entitled to additional veteran's preference points.

Yes, I do now have a service-related disability

No, I do NOT now have any service-related disability

Spouse of 70% disabled wartime veteran

Unmarried spouse of veteran killed in action or veteran who died of service connected disability

Signature: \_\_\_\_\_

Proof of Veteran's Status (DD214) or Disability Status must be submitted with application



**Employment  
Application**

**City of Lake Geneva  
626 Geneva Street  
Lake Geneva, WI 53147  
PH: (262) 248-3673  
FAX: (262) 248-4715**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Driver's License # \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Full Time    Part Time    Temporary

Are you a U.S. Citizen or do you have a U.S. work permit?    Yes            No

Are you at least 18 years of age?            Yes            No

If the job requires it: Do you have a valid driver's license?    Yes    No

Have you ever been convicted of any violations of law other than minor traffic violations?    Yes    No  
(The City does not use a conviction record unless it is substantially related to circumstances of the particular job.)

If yes, please explain, including when and where (Use additional sheet if necessary.) \_\_\_\_\_

**EDUCATION AND TRAINING:**

Circle the highest grade completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Did you graduate high school? Yes                      No
Name and Location of High School	Have you passed a G.E.D. Equivalency? Yes                      No

**TRAINING BEYOND HIGH SCHOOL** – college, university, technical school, military school, or other schools you have attended. Please list below.

Name	Location	Dates Attended	Major Field	GPA/Base	Degree Earned

Describe any training you have that is not covered, such as correspondence courses, in-service training, or volunteer work which you feel is relevant to the job for which you are applying. Also include relevant licenses, certificates, typing speed, dictation rate and office machines you operate. Be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**      May we contact your present employer?      Yes      No

Provide a complete description, and be certain to include service in the armed forces. Also, please indicate any changes in position under the same employer. Begin with your most recent employer.

1. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

\_\_\_\_\_

2. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

\_\_\_\_\_

3. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

\_\_\_\_\_

4. Employer	Kind of Business	Location
Name/Address/Phone of Supervisor	Employed from _____ to _____ Reason for leaving:	Salary: Beginning \$ _____ per _____ Ending \$ _____ per _____

Your Duties \_\_\_\_\_

### Equal Opportunity Statement

The City of Lake Geneva is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, handicap, physical condition, arrest or conviction received, age or any other area as prescribed below.

### Confidentiality

I hereby request that this application be kept confidential to the degree allowed under Wisconsin Statutes. I understand, however, that this application may be an open record under Wisconsin laws and subject to public inspection.

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

### Certification Statement

I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. Photocopies of release are acceptable. I certify that all answers to questions in this application are true and I agree that my misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the City service. The City of Lake Geneva has a policy of pre-employment drug screening. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

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