



# APPLICATION FOR EMPLOYMENT

## City of Columbus Fire Department

123 W. Harrison Street, Columbus, Wisconsin 53925

Station #: (920) 623-5914

### Position applying for: Paid-on-Call Firefighter

The City of Columbus Fire Department is a Paid on Call Fire Department.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or handicap. *The City of Columbus Fire Department is an equal opportunity employer.*

In order to be considered for this position you must live or work within the City of Columbus Fire District and be a minimum of 18 years of age with a High School Diploma or have an Equivalency Certificate (G.E.D.). Please use black or blue ink, all questions must be answered, if a question does not apply to you then write N/A in the blank. Please remember to sign pages 5 and 6. *Page 7 is an informational page which should be retained by the applicant.*

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone#: (\_\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you at least 18 years of age? YES NO

Do you have a current State of Wisconsin Driver's License? YES NO

Drivers License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

List Endorsements: \_\_\_\_\_

Do you have a high school diploma or equivalency certificate? YES NO

Do you live and/or work within the City of Columbus Fire District? LIVE WORK

Are you currently employed? YES NO

Are you a United States Citizen? YES NO

*(Proof of citizenship will be required upon employment)*

Were you ever convicted by a court of law for an offense other than a traffic violation?      YES      NO

If yes, briefly describe the offense: \_\_\_\_\_

Why have you chosen to apply for this position?

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Why should we consider you for this position?

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**EDUCATION**

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Please Specify)				

**FIREFIGHTING EXPERIENCE**

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Do you have previous firefighting experience? YES NO

If NO, please skip to the next page.

Previous firefighting training (include copies of certificates and/or diplomas):

\_\_\_\_ Entry Level Firefighter      \_\_\_\_ Firefighter I      \_\_\_\_ Firefighter II  
\_\_\_\_ Fire Science Certificate      \_\_\_\_ Fire Science Degree      \_\_\_\_ Fire Inspection Certification      \_\_\_\_ Other

If other, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your experience as a fire fighter (i.e. number of years as a fire fighter, which fire department, etc.):

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List any scholarships, apprenticeships, licenses, membership in professional organizations: \_\_\_\_\_

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**PERSONAL/PROFESSIONAL REFERENCES**

**Give three references (not relatives, or present employer; avoid listing members of the clergy)**

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1) \_\_\_\_\_  
NAME PHONE NUMBER

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ADDRESS

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2) \_\_\_\_\_  
NAME PHONE NUMBER

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ADDRESS

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3) \_\_\_\_\_  
NAME PHONE NUMBER

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ADDRESS

**APPLICANT’S STATEMENT - PLEASE READ CAREFULLY AND SIGN BELOW:**

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**CERTIFICATION**

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.

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.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER BEING CITY OF COLUMBUS AND THE CITY OF COLUMBUS FIRE DEPARTMENT AND IF ANY CITY, STATE OR FEDERAL RULES, REGULATIONS AND LAWS THAT MAY APPLY.

THE CITY OF COLUMBUS FIRE DEPARTMENT WILL REQUIRE YOU TO SIGN AN AUTHORIZATION FOR RELEASE OF INFORMATION. THIS INFORMATION WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.

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APPLICANT’S SIGNATURE

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DATE



**City of Columbus Fire Department**  
123 W. Harrison Street, Columbus, Wisconsin 53925  
Station #: (920) 623-5914

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(FOR OFFICIAL USE ONLY, NOT TO BE RELEASED TO UNAUTHORIZED PERSONS)

I hereby empower an employee of the City of Columbus Fire Department (employing agency) or other authorized representative thereof bearing this release to within one year of its date to obtain information and records pertaining to myself from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking Institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or Institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university or other educational institution.
9. Any law enforcement certification or licensing board of Wisconsin or any other state.

***Exceptions to this blanket authorization are as follows:***

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. \_\_\_\_\_

**This release is executed to authorize City of Columbus Fire Department, as a prospective employer to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.**

\_\_\_\_\_  
Print (full name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature (full name)

