

FIRE & RESCUE APPLICATION & INFORMATION PACKET

BUCHANAN



FIRE & RESCUE

HONOR. PRIDE
DEDICATION.

TOWN OF BUCHANAN FIRE & RESCUE APPLICATION & INFORMATION PACKET

The Buchanan Fire & Rescue Department is a paid-on-call department staffed by approximately 30 volunteer firefighters. The Department typically responds to 150-200 fire/rescue calls per year. Calls include a variety of requests including, but not limited to, vehicle extrication, water rescue, vehicle and structure fires, gas leaks, accident clean up, missing persons, and carbon monoxide alarms. Our EMS team responds to 350-400 medical assistance calls annually.

Our Department maintains close relationships with neighboring communities and responds for both auto-aid and mutual aid as needed.

Additionally, our Department has a robust public relations program with events occurring throughout the year to include, Fill-the-Boot for MDA, Light the Wreath for Holiday fire awareness, the town Santa Parade, Pumpkin Fest, The Cub Scout 500, Touch-a-Truck, Fire Prevention Coloring Contests, and many other fun events to raise fire prevention awareness.

The following are some of the qualities and qualifications of a Town of Buchanan Fire & Rescue team member:

QUALITIES OF FIRE & RESCUE PERSONNEL

- Dedicated to selflessly serve your community
- Ability to exercise sound judgement and decision making
- Effective communication and interpersonal skills
- Capacity to work in a team environment
- Be Honest and have moral integrity
- Take pride in completing tasks to the best of your ability.

QUALIFICATIONS

- Must be a Legal Citizen of the United States of America
- Must be 18 years of age or a member of a certified Explorers program
- Must possess a high school diploma or GED
- Must possess a valid Wisconsin Driver's License
- Must be in good physical and mental health
- Must meet residency/proximity requirements as required by Department bylaws

QUALITIES OF FIRE & RESCUE PERSONNEL

If accepted to the Department, you will be required to attend and pass the State of Wisconsin Firefighter 1 training course within one year of acceptance. You will be required to follow and comply with all Department approved bylaws and standard operating guidelines as well as meet or exceed the Department's minimum participation requirements; attend half of the Department's Monthly Meetings, Half of the trainings/drills, and at least ten (10) percent of all fire department service calls annually, and/or ten (10) percent of EMS calls within your assigned response zone. Failure to meet the minimum requirements will initiate disciplinary measures, which can include probation, mandated leave, or expulsion from the department.

Any questions regarding Buchanan Fire & Rescue, requirements or the application can be directed to the Town of Buchanan Fire Chief at 734-8599.



The Town of Buchanan is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, any other legally protected status, or the presence of any non-job-related medical condition or disability. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed.

INSTRUCTIONS - Please read carefully:

1. Applicants who need assistance in filling out the application should contact the Town Hall.
2. You are expected to fully and accurately complete the application.
3. Please do not leave any spaces blank.

TODAY'S DATE (MM/DD/YYYY):	POSITION APPLIED FOR: [] Firefighter [] EMS [] Both			
	PERSONAL DATA			
	NAME	DAYTIME PHONE		
	ADDRESS (STREET)	EVENING PHONE		
	CITY, STATE, ZIP			
	EMAIL ADDRESS			
	CELLPHONE			
	SOCIAL SECURITY NUMBER			
	Are you a United States Citizen?		[] Yes	[] No
	Have you ever been charged with a felony?		[] Yes	[] No
If you answered 'yes,' please explain:				
Are you available Monday Evenings?		[] Yes	[] No	
Are you Wisconsin Firefighter 1 Certified		[] Yes	[] No	
Are you NREMT Certified		[] Yes	[] No	
If you do not hold certifications, are you willing to start/complete training?		[] Yes	[] No	
RESIDENCY				
Do you live in the Town of Buchanan?		[] Yes	[] No	
Do you live in the Darboy Sanitary District?		[] Yes	[] No	
Do you live within 10 minutes of the fire station?		[] Yes	[] No	
What is your current response time to the station? _____ Minutes				
If you answered 'no' to all questions, will you planning to move closer?		[] Yes	[] No	
LAST NAME:				

EDUCATION

Did you graduate High School or receive a High School Equivalency degree (GED)? [] Yes [] No

Do you have any post-secondary education or higher degree? [] Yes [] No

Name of most recent institution: _____

Describe any education, training, skills, or qualifications that may be beneficial to the Fire Department:

PHYSICAL ABILITIES

Do you have any of the following?	Heart Disease	[] Yes	[] No
	Epilepsy	[] Yes	[] No
	Emphysema	[] Yes	[] No
	Spinal Fusion(s)	[] Yes	[] No
	Pacemaker	[] Yes	[] No
	Diabetes	[] Yes	[] No
	Anxiety Disorder	[] Yes	[] No
	Fear of Heights	[] Yes	[] No
	Claustrophobia	[] Yes	[] No

Please describe any disabilities, limitations, or restrictions which may interfere with the position you are applying for:

DRIVING RECORD

Do you possess a valid Wisconsin Driver's License [] Yes [] No (# _____)

Do you have a Commercial Driver's License [] Yes [] No (# _____)

Have you ever had your driving privileges revoked? [] Yes [] No

Do you have any pending tickets/violations? [] Yes [] No

Have you ever been involved in an accident while driving? [] Yes [] No

Please explain any negative incidents from the answers above:

GENERAL INFORMATION

1. *Have you ever applied for a job with the Town of Buchanan Fire & Rescue Department in the past? If yes, please give date of application. State your name at that time, if different from present name.* []Yes []No

2. *Have you ever been employed by Town of Buchanan Fire & Rescue Department in the past? If yes, please provide dates and state your name if different from present name.* []Yes []No

3. *If hired, will you be able to attend 50% or more of department meetings, trainings and seminars, and work the sporadic hours associated with this type of position, meeting a minimum of 10% of response to service calls. If no, please explain:* []Yes []No

4. *If currently employed, will your employer allow you to respond to fire calls during your scheduled work days? If no, please explain.* []Yes []No

5. *Do you have any other commitments that might prevent you from being able to respond to calls? If yes, please explain.* []Yes []No

6. *Have you been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered. If yes, please explain:* []Yes []No

7. *Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or dropping of the charge)? Note: A yes answer will not automatically disqualify you from employment. If yes, please explain:* []Yes []No

EMPLOYMENT HISTORY

PRESENT AND FORMER EMPLOYERS (within the previous ten (10) years.)

List Present or most recent employer first. Please complete even if a resume is attached. Attach additional sheets if necessary.

CURRENT POSITION	COMPANY: _____ POSITION/TITLE: _____
	ADDRESS: _____
	SUPERVISOR: _____ PHONE NUMBER: _____
	DAYS WORKED: _____ HOURS WORKED: _____
	DATES EMPLOYED: FROM: _____ TO: _____
	Can you leave to respond to a fire call? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYER	COMPANY: _____ POSITION/TITLE: _____
	ADDRESS: _____
	SUPERVISOR: _____ PHONE NUMBER: _____
	DAYS WORKED: _____ HOURS WORKED: _____
	DATES EMPLOYED: FROM: _____ TO: _____
	REASON FOR LEAVING: _____
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYER	COMPANY: _____ POSITION/TITLE: _____
	ADDRESS: _____
	SUPERVISOR: _____ PHONE NUMBER: _____
	DAYS WORKED: _____ HOURS WORKED: _____
	DATES EMPLOYED: FROM: _____ TO: _____
	REASON FOR LEAVING: _____
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYER	COMPANY: _____ POSITION/TITLE: _____
	ADDRESS: _____
	SUPERVISOR: _____ PHONE NUMBER: _____
	DAYS WORKED: _____ HOURS WORKED: _____
	DATES EMPLOYED: FROM: _____ TO: _____
	REASON FOR LEAVING: _____
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

- PLEASE ATTACH ADDITIONAL SHEETS FOR RELEVANT EMPLOYMENT -

EXPERIENCES AND OTHER QUALIFICATIONS

Some people gain job-related experience in positions other than as an employee. For instance, an accountant may gain experience as a treasurer of a civic or school organization, or a manager may gain experience while working on civic projects, or in school organizations, or in PTA activities. Please list and describe any paid or unpaid activities, honors, experience, or training that might aid you in performing the job(s) for which you have applied that have not been listed previously in this application. (You may omit any activities, honors, memberships or other items that tend to identify your race, sex, national origin, age, disability or other personal traits that you prefer not to disclose.)

UNEMPLOYMENT PERIODS

Please account for any time you were not employed after leaving school in the past ten years (You need not list any unemployment periods of one month or less)

Time Periods:	Reason(s) For Unemployment:

REFERENCES`

Please List three (3) individuals who are not former employers or relatives:

NAME:	PHONE NUMBER:	OCCUPATION:	YEARS KNOWN:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

AUTHORIZATION AND RELEASE

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

INITIALS

_____ I certify that the information provided by me in this application is true and complete to the best of my knowledge.

_____ I understand that my application will not be given further consideration if I have provided any false statements or omissions during the application process. I also understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the Town shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history.

_____ I authorize the companies, schools, and any persons named in this application to give any information requested regarding my employment, character, and qualifications, and I release, hold harmless and agree to indemnify the Town and the companies, schools, and persons from or for any liability related to the release of or the failure to release any information.

_____ I further understand that employment may be conditioned upon the results of a physical or mental examination and my cooperation in such process and grant permission for a job-related complete physical and/or mental examination, and I consent to the release to the Fire Department of any medical information, as may be deemed necessary by the Fire Department in judging my capability to perform the essential functions of the work for which I am applying (with or without a reasonable accommodation).

_____ I understand that if an offer of employment is made a criminal background check will be conducted.

_____ I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE OR CAUSE. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

Signature:

Date:

Print Name: