Kettle Moraine Fire District

Station 33 126 E. Main Street, Eagle, WI 53119
262-594-3302
Station 35 108 N. Oakridge Drive, North Prairie, WI 53153
262-392-2700
kettlemorainefd.com

Thank you for your interest in joining the Kettle Moraine Fire District. Our organization covers a response area that includes three municipalities including the Town of Eagle, the Village of Eagle, and the Village of North Prairie. These communities have a combined population of 7900 residents spanning 37 square miles.

The Kettle Moraine Fire District is a combination system which means that there are full time, part time, and paid-on-call employees. Both stations are currently staffed using a combination system for 24/365 coverage. No matter what career path you are seeking within our organization, we are confident that you are making a wise choice in joining a very progressive, community-minded group of people dedicated to serving others. We look forward to speaking with you about our organization soon.

Part Time Description and Requirements:

- Most employees work one or two shifts each week. Shifts are normally scheduled from 0700 to 1700 hours.
- Must be affiliated with and remain in good standing with a primary "home" fire department as either a volunteer, paid on call, or career member.
- At minimum, must possess Firefighter I, EMT or AEMT certifications or higher.
- Personal protective equipment is issued by Kettle Moraine Fire District.

Paid on Call Description and Requirements:

There is a choice of two career paths with KMFD. FF/EMT or EMT/AEMT. One of the two career paths are required as minimum training in the first two years.

- Initial training is provided by Kettle Moraine Fire District at a local technical college.
  - EMT is typically held two nights a week in the evening for a full college semester.
  - Firefighter I is typically held two nights a week in the evening for a full college semester.
  - Transportation using a department vehicle is provided.
  - Personal protective equipment is issued by the Kettle Moraine Fire District.
- Upon completion of initial training, EMT's are assigned to a duty crew which consists of being "on call" and available within the response area from 6:00 pm – 6:00 am on assigned nights. Typical duty crew month consists of 6-7 on call nights, including some weekends.
- Mandatory training attendance within policy at all department trainings. These are held on Monday evenings from 6:30 pm – 9:30 pm.

Again, thank you for your interest!

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Application for Employment

NOTE: If you require any special accommodation in filling out this application, please call (262) 594-3302

PLEASE PRINT CLEARLY OR TYPE

Date of Application: _____ **How did you learn of this position?**

Position Applying For: _____ ☐ Advertisement ☐ Friend
☐ Walk-In ☐ Relative
☐ Other

_____

* * * * * * * * * * * * * *

Name _____
Last First Middle Initial - Nickname

Address _____
Street City State Zip Code

Telephone ( ) - _____ ( ) - _____
Home Cellular

Email Address: _____

Are You 18 Years or Older? ☐ Yes ☐ No

Have you been employed by us before? ☐ Yes ☐ No **If yes, give dates:** _____

Do you have relatives employed by the district? ☐ Yes ☐ No
(Having a relative employed by the district will not bar you from being selected)
Relation: _____

Have you been convicted of a misdemeanor or felony in the last 7 years?
☐ Yes ☐ No
(A conviction will not necessarily disqualify an applicant)

If yes, please explain _____

The Kettle Moraine Fire District is an Equal Opportunity Employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability unless based upon a bona fide occupational qualification. If you believe that you have been discriminated against, you should notify the Department Immediately.

PERSONAL REFERENCES

1. _____ (___) ___-____
Name Phone Number

_____
Address

2. _____ (___) ___-____
Name Phone Number

_____
Address

3. _____ (___) ___-____
Name Phone Number

_____
Address

IN CONSIDERATION OF THE KETTLE MORAINE FIRE DISTRICT PERMITTING ME TO APPLY FOR THIS POSITION, AND FURTHER PROCESSING MY APPLICATION, I HEREBY AUTHORIZE THE DEPARTMENT TO PERFORM A BACKGROUND INVESTIGATION ON ME. I HEREBY RELEASE, HOLD HARMLESS AND INDEMNIFY, FROM ANY AND ALL LIABILITY FOR DAMAGES, ALL PERSONS WHO MAY PROVIDE SUCH INFORMATION TO THE DEPARTMENT. I FURTHER WAIVE ANY RIGHTS THAT I MAY HAVE TO DISCOVER OR DEMAND THE RESULTS OF SAID BACKGROUND INVESTIGATION AND ANY MATERIALS OBTAINED DURING OR RELATED TO APPLY TO MY HEIRS, ASSIGNS AND ANY OTHER PERSONS CLAIMING THROUGH ME.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL BE GROUNDS FOR ELIMINATION FROM FURTHER CONSIDERATION OR, IF EMPLOYED, FOR DISMISSAL AT ANY TIME.

FURTHER, I UNDERSTAND THAT AT TIME OF HIRE I WILL BE REQUIRED TO PROVIDE DOCUMENTATION SHOWING AUTHORIZATION TO WORK IN THE UNITED STATES. I AM ALSO AWARE THAT IF HIRED BY THE DEPARTMENT, MY EMPLOYMENT IS SUBJECT TO A PROBATIONARY PERIOD AND I AM EMPLOYED AT WILL. THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME AS EITHER I OR THE FIRE CHIEF MAY DEEM APPROPRIATE DURING THIS PROBATIONARY PERIOD.

FINALLY, PER THE HUMAN RESOURCES MANUAL, I UNDERSTAND AND AGREE THAT ANY COURSE MUST BE PRE-APPROVED BY THE FIRE CHIEF. EMPLOYEES MUST REMAIN EMPLOYED FOR TWO YEARS FOLLOWING THE COMPLETION OF THE COURSE. FAILURE TO DO SO WILL REQUIRE THE EMPLOYEE TO REIMBURSE THE KMFD FOR THE TOTAL COST INCURRED IF THE EMPLOYEE LEAVES WITHIN ONE YEAR. IF THE EMPLOYEE LEAVES WITHIN TWO YEARS, THE EMPLOYEE WILL REIMBURSE THE EFD FOR ONE-HALF OF THE COSTS INCURRED, UNLESS OTHERWISE DECIDED BY THE FIRE BOARD FOR SPECIAL CIRCUMSTANCES.

_____ _____
Signature of Applicant Date

EMPLOYMENT EXPERIENCE

Resumes may be attached as a substitute for completing this section. Start with your present or last job. Include any job-related military service assignments and volunteer activities for at least the past ten years. Please include periods of self-employment and U.S. military service.

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:
Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:
Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:
Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

EMPLOYMENT EXPERIENCE CONTINUED

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:
Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:
Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

Employer's Name:	From: To:
Address:	Supervisor:
Phone: ( )	Hours worked per week:

Number of employees supervised by you:	May we contact this employer? ☐ Yes ☐ No
Reason for leaving:	
Primary Duties:	

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

_____

_____

_____

_____

EDUCATION

	Name and City, State of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

Describe any job-related training received in the United States Military: _____

_____

_____

List professional, trade, business or activities and offices held *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)*

_____

_____

_____

Summarize special job-related skills and qualifications acquired from employment or experience:

_____

_____
_____

State any additional information you feel may be helpful to us in considering your application:

_____
_____
_____

Do you possess a valid Driver's License? ☐ Yes ☐ No

Indicate any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

DRIVING RECORD

(TO BE COMPLETED WITH APPLICATION)

Name: _____
(PLEASE PRINT) (Last, First, Middle Initial)

List any notices of infraction or traffic citations that you have received in the past 5 years

.

State	Month / Year	Type of Infraction

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessarily remove you from consideration, but the Kettle Moraine Fire District will consider your driving record and insurability when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Department Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 21 years old and will be required to present a valid Wisconsin driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified under the following circumstances:

Violations: More than two moving violations within the preceding three years; or reckless driving violations within the preceding five years; or driving while intoxicated.

Accidents: More than one motor vehicle accident within the preceding three years for which the applicants received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

AFFIRMATIVE ACTION DATA

It is the policy of the Kettle Moraine Fire District to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, sexual orientation, or the presence of any sensory, mental or physical disability. To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form and will not be used to evaluate your qualifications for employment.

Position Applied for: ☐ **Firefighter / EMT** ☐ **EMT / AEMT** ☐ **OTHER_____**

ETHNIC CATEGORY (*Choose Only One)*

☐ White (not of Hispanic origin) –those having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ Black (not of Hispanic origin) –those having origins in any of the Black racial groups of Africa.

☐ Hispanic – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

☐ Asian or Pacific Islanders –those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

☐ American Indian or Alaskan Native –those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ Male ☐ Female Date of Birth: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If no, please indicate citizenry _____

Are you a veteran of the U.S. military service? ☐ Yes ☐ No

Are there any limitations that will restrict your ability to perform the essential functions of this position?

☐ Yes ☐ No If yes, please explain _____

What reasonable accommodations, if any, would be necessary for you to perform the essential functions of this position? _____

DO NOT REMOVE