Grantsburg Fire Department Probationary Firefighter Application

Personal Information

Name:			
Last	First	Middle (Full)
Current Address:		7ID.	
City:			
Home Phone:(
Email Address:			
Date of Birth:			
Driver's License #:			
Born a U.S. Citizen? [] Yes [] N	· · · · · · · · · · · · · · · · · · ·		with application
How long at your current address?	rears Mondis : [JOWII [] Rent	
Residency History If less than 3 years at cur	rent address, please provide residency history fo	r the past 5 years. Use additional	sheets if necessary.
Previous Address:			
City:			
Time at previous address, from:			
Previous Address:			
City:			
Time at previous address, from:			
Employment History If less than 3 years, p			
Current Employer:			
Employer Address:			
Job Title:			
Supervisor:			
May we contact your current employ			
Previous Employer:		= -	
Employer Address:			
Job Title:			
Supervisor:			
May we contact your previous emplo	oyer? [] Yes [] No If no, when the support of the	ny:	
Education			
Highest Grade Completed (circle): 10	11 12 13 14 15 16 16+		
High School:			
City:	State:	ZIP:	
Did you graduate? [] Yes [] No			
College / University / Vocational So			
City:	State:	ZIP:	
Major / Course Work:			
Did you graduate? [] Yes [] No			

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Have you ever been convicted of an ordinance violation? [] Yes [] No If yes, explain: Have you ever been convicted of a crime? [] Yes [] No If yes, explain: Have you ever been involved in a civil lawsuit? [] Yes [] No If yes, explain: Personal References Have you ever been involved in a civil lawsuit? [] Yes [] No If yes, explain: Have you ever been convicted of a crime? [] Yes [] No If yes, explain: Have you ever been involved in a civil lawsuit? [] Yes [] No If yes, explain: Department of the Grantsburg Volunteer Fire Department. Name: Address: City: State: ZIP: Personal References Background Check Use additional sheets if necessary. Background Check Use additional sheets i			D : 1 CG :	
Rank at Discharge:				
Fire Department / Training Have you ever served on another Fire Department? [] Yes [] No Fire Department Name: Address: City: State: ZIP:				
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Have you ever served on another Fire Department? [] Yes [] No Fire Department Name: Address: City: State: ZIP: Period of Service: to Background Check Use additional sheets if necessary. Your probationary appointment to the Department is dependent upon your ability to successfully pass criminal background check. A conviction will not necessarily bar you from consideration. Have you had any traffic violations within the past five years? [] Yes [] No If yes, explain: Have you ever been convicted of an ordinance violation? [] Yes [] No If yes, explain: Have you ever been convicted of a crime? [] Yes [] No If yes, explain: Have you ever been involved in a civil lawsuit? [] Yes [] No If yes, explain: Personal References Please list two (2) personal references. They should not be former employers (or supervisors used as employment contacts), not more than one (1) family member and not more than one (1) current member of the Grantsburg Volunteer Fire Department. Name: Address: City: State: ZIP: Home Phone: Best time to call: How acquainted: How long have you known the acquaintance? Name: Address: City: State: ZIP: Home Phone: Cell Phone: Best time to call: How acquainted: How long have you known the acquaintance? Name: Address: City: State: ZIP: Home Phone: Cell Phone: Best time to call: How acquainted: How long have you known the acquaintance?	Fire Denartment / Train		and signed DD214 form	
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PLEASE READ CAREFULLY

Minimum Probationary Membership Requirements

- Must be at least eighteen (18) years of age.
- Must be of good moral character and reputation.
- Must be a United States Citizen or proof of naturalization.
- Must provide proof of identity and employment eligibility.
- Must reside within the Grantsburg Fire District.
- Must be a high school graduate or possess a high school equivalency diploma (GED).
- Must have an honorable discharge if served in the military.
- Must possess a valid driver's license and have a good driving record.
- Must obtain and maintain automobile insurance as required by the State of Wisconsin.
- Must not be addicted to any barbiturate, narcotic, or the excessive use of alcohol.

Physical Examination

Your appointment as a probationary member to the Department is dependent on your ability to pass a physical examination performed by a physician chosen by the Department. The examination may include a drug screening test and a physical stress test. If you have any physical, mental, or health related issues that may limit your ability to perform all firefighting functions, please indicate that on a separate sheet attached to this application. The listing of any such limitations will not disqualify you from becoming a member of the Department, but may cause limitations on your response status if you are appointed.

Probationary Period

If selected as a probationary member of the Department, you will serve a minimum of a 12-month probationary period starting from the date of your probationary appointment. During your probationary period you will need to successfully complete the following training which includes: State of Wisconsin Entry Level / Firefighter I, Certified Firefighter I, Wisconsin DNR Basic Wildland Firefighting, and a Basic First Aid / CPR / AED. During your probationary period you are also required attend all meetings during the first six (6) months of your probationary period and half (50%) of the meetings during the remaining portion of your probationary period, unless excused by a Department officer prior to the meeting. You will also abide by all laws of the State of Wisconsin, all rules, regulations, and orders of the Grantsburg Fire Department. Failure to complete all training, attend all meetings as required, or not comply with Department rules, regulations, and orders may be cause for extending your probationary period and or termination from the Department.

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PLEASE READ CAREFULLY BEFORE AFFIXING YOUR SIGNATURE

I hereby affirm as part of the application process that I am willing to undergo a physical examination by a physician selected by and paid for by the Department.

I hereby affirm that I have read and understand the basic requirements and policies of the Department's Probationary Period.

I authorize the Grantsburg Fire Department to conduct any investigation they deem necessary with any local, county, state, national police agency, or any other agency for the motor vehicle, criminal, and general background check.

I hereby affirm that the information provided on this application are to the best of my knowledge accurate and true. I agree that misleading or falsified information, or omissions, may disqualify me from further consideration for becoming a probationary member of the Grantsburg Fire Department and may be considered justification for dismissal when discovered at such a later date.

Signature: _____ Date: ____

and state fair employment laws prohibitin national origin, ancestry, marital status, s	nal opportunity employer. It is our policy to comply fully with federang discrimination because of age, race, creed, color, handicap, sex, exual orientation or arrest or conviction record (WI ss 11.31, etseq. application will not used for any purpose prohibited by law.
FOR FIR	RE DEPARTMENT USE ONLY
I	Probationary Hiring Process
Date Application Received:	
Date Review By Fire Chief:	Meets Minimum Requirements: [] Yes [] No
Date Background Check Completed:	
Date Applicant Interviewed:	Officer Approved: [] Yes [] No
Date of Physical Exam:	Passed Physical Exam: [] Yes [] No
Date of Hire:	
6	Month Probationary Review
Date of Review:	
Issues:	
Officer Approval: [] Yes [] No	
12	Month Probationary Review
Date of Review:	
Issues:	
Officer Approval: [] Yes [] No Date of	Officer Approval:
Date of Department Approval:	