



# Germantown Fire Department

N115W18752 Edison Drive  
Germantown, WI 53022  
Phone: (262) 502-4701  
Fax: (262) 502-4744

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## Germantown Fire Department Employment Application

### Instructions

1. Complete this application completely, in ink and clearly legible. All questions must be answered, if applicable. If not, indicate N/A (not applicable). Applications that are incomplete or illegible will not be considered.
2. If space provided is insufficient for complete answers, or you wish to include additional information, attach sheets to this application and number answers to correspond with questions.
3. Any deliberate falsification on this form will result in disqualification of your application. If discovered after employment, falsification may be grounds for discharge. Convictions of any offense will not necessarily preclude employment of an applicant unless circumstances substantially relate to the requirements of the position for which you are applying.
4. Attach copies of all pertinent certificates/certifications.
5. Complete and have notarized the Tobacco Free Affidavit (last page of application)

I have read and understand the GFD Application Instructions:

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

Print Name: \_\_\_\_\_.



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Position Applied For: \_\_\_\_\_

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

Other names (Maiden) under which you have been known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City/Stat/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you currently hold a State of WI Drivers License? YES NO

Type of License? \_\_\_\_\_ Any restrictions? YES NO

List any license restrictions: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Are you at least 18 years old? YES NO

Have you attained your high school diploma, or GED equivalent? YES NO



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1. Provide the following post-secondary school information:

a. Name of college or university you are attending/have attended:

\_\_\_\_\_

b. City/State of college or university:

\_\_\_\_\_

c. Number of credits pursued for the current semester:

\_\_\_\_\_

d. Anticipated graduation date:

\_\_\_\_\_

e. Current cumulative GPA :

\_\_\_\_\_

2. Provide the following high school information:

a. Name of school(s):

\_\_\_\_\_

b. City/State:

\_\_\_\_\_

c. Dates attended:

\_\_\_\_\_

d. Graduation Date:

\_\_\_\_\_

3. Have you ever been dismissed or suspended from a school or employer because of disciplinary action?

YES NO Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever tried, used, experimented in any way with any illegal controlled substances?

YES NO Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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5. Do you have any felony convictions?  
YES NO (If YES, please provide details including arresting agency, dates and disposition):

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6. Have you been convicted of: Operating while Intoxicated, Operating After Revocation, Operating While Suspended, Operating Without a License, and/or attempting to Elude an Officer?

YES NO (If YES, please provide details including arresting agency, dates and disposition):

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7. Do you have any convictions for any traffic violations, excluding parking?  
YES NO (If YES, please provide details including arresting agency, dates and disposition):

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8. Any other information you wish to share:

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## References (last 10 years)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Business name & address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Business name & address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Business name & address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years known: \_\_\_\_\_

Business name & address: \_\_\_\_\_

\_\_\_\_\_



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**Please list any organizations you are associated with, including volunteering:**

Name of Org: \_\_\_\_\_ Years: \_\_\_\_\_

Role/responsibilities: \_\_\_\_\_

Name of Org: \_\_\_\_\_ Years: \_\_\_\_\_

Role/responsibilities: \_\_\_\_\_

Name of Org: \_\_\_\_\_ Years: \_\_\_\_\_

Role/responsibilities: \_\_\_\_\_

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## Employment History (minimum 10 years if applicable)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_

Salary: Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you ever the subject of disciplinary actions, including dismissal, in conjunction with any employment?

YES NO Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification and Agreement

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein may subject me to disqualification or dismissal. I authorize the Village of Germantown to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools, or persons from all liability in responding to such inquiries made in connection with my application. I further understand that in the event of employment by the Village, my classification as a permanent employee depends upon my successful performance of work assigned to me during a probationary period, where applicable.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





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## **\*OPTIONAL\* Tobacco-Free Statement**

Presumptive Health Initiative

Presumptive Disability Law of Wisconsin

<https://www.iaff.org/presumptive-health/wi/>

I, \_\_\_\_\_ do hereby voluntarily affirm that I have not been a user of smoking tobacco products for at least one (1) year immediately preceding my application for employment as a FF/EMT with the Village of Germantown. I also affirm that if I am hired by the Village of Germantown , I will maintain my non-use of smoking tobacco products for the duration of my employment.

I declare I have read the foregoing statement and the facts stated are true.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_