



LAKE COUNTRY FIRE & RESCUE

115 Main Street, Delafield, WI 53018

Important Information

Email the following to D/C Reynen at treynen@Lakecountryfire.com by January 26, 2024 at Midnight

- Application
- Cover letter
- Resume
- 1 page essay (double spaced) as to why you want to be an educator in EMS.

Qualified applicants will be contacted with information regarding interview & teaching demonstration scheduled for February 13, 2024

Application & Background Check

- Completely fill out and sign the application.
- Fill out the Lake Country Fire & Rescue Authorization for Release of Personal Information form.

Licensures/Certifications:

- Attach current copies of any certifications that would apply to the position you are applying for.

For further information or inquiries please contact the D/C Reynen
treynen@lakecountryfire.com Office phone: 262-337-9751



Application for Employment

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)	Mobile Telephone () -
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Email Address:	Home Telephone () -
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Are there other names under which you have worked or attended school? Yes No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No If Yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you? Yes No
If Yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued.

Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
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Position Applying For: _____ **When can you start?** _____

Driver's license number	State issued	Exp Date
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Education

Name of School	Location (City/State)	Yrs Attended	Major Subjects/Area of Study	Diploma/Degree
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:



Training Courses (List any relevant training programs completed.)

Course/Seminar/Training	Date/Yr	Course/Seminar/Training	Date/Yr

Employment History (Start with most recent, use a separate sheet if necessary.)

Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	
Name of Employer:		Telephone	
Address:			
Job Title:		Employment Dates (month and year)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving:	



Additional Employment/Professional References if needed

List individuals familiar with your job qualifications (no relatives or personal friends).	
Name:	Telephone () -
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone () -
	Email Address:
Address:	
Relationship:	How long known?
Name:	Telephone () -
	Email Address:
Address:	
Relationship:	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening will be required.
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

**Thank you for your interest in Lake Country Fire & Rescue.
We are an Equal Opportunity Employer.**



Pre-Employment Authorization for Background & Caregiver Check

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for employment will not be processed any further.

I voluntarily and knowingly authorize the Lake Country Fire & Rescue Staff and its designated agents and representatives to conduct a comprehensive review and verify all information that I have provided on the application for employment. I understand a comprehensive background investigation, including consumer reports and investigative consumer reports and/or criminal background, will be generated for employment purposes. I understand the scope of the background check may include, but is not limited to, the following areas: verification of social security number; current and previous residence; employment history; educational background; character references; civil or criminal history records from any criminal justice agency and any and all federal, state, city and county jurisdictions, State Department of Motor Vehicle and driver's license records to include traffic citations and registrations; birth records; and any other public records. I recognize that a copy of this authorization is as valid as the original.

I voluntarily and knowingly fully release and hold harmless the Lake Country Fire & Rescue staff or designated agents and any person or organization that provides or collects information pertaining to me, my employment and/or schooling.

Candidate's Signature	Date	Witness' Signature	Date
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Print Candidate's Name

For reference checking purposes only, complete the following information: (please print)

1. May your CURRENT supervisor, and/or any references or individuals associated with your CURRENT employer (including Human Resource department) be contacted?

Yes No Specific Comments: _____

2. Provide Social Security Number, required to obtain academic verifications: _____

3. Provide any FORMER or ALTERNATE NAME(S) such as change of last name, and/or use of assumed last name or nickname in order to locate your employment and/or school records.

4. Provide NAME, CITY & STATE, **ALL** phone numbers **AND** dates of attendance **OR** graduation from:

High School _____

College _____

Technical School _____

Other _____

5. Note: This information is required to conduct a criminal record and driver's license check.

Date of Birth: _____

Driver's License No. _____ State _____