



Marathon City Fire Department
 408 Market Street
 PO Box 178
 Marathon City, WI 54448
 (715) 573-7390

Application Accepted:	
Accepted by:	
Scheduled Review Date:	
Approval Date:	

Firefighter / Emergency Medical Responder Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Driver's License Number: _____

Position Applied for: **Firefighter** **Emergency Medical Responder** **Both**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the village? YES NO If yes, when? _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment (most recent first)

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Please Complete for Positions Requiring a Driver's License

Years of Driving Experience:		Types of Vehicles Driven:	
Driver's License Number:		State	Expiration Date:
CDL License Number		State	Expiration Date:
Were you involved in any accidents in the past three (3) years?		Yes	No
If yes, how many?	Describe below:		
Date mm/yyyy	Briefly Describe Each Accident		
Have you ever had a driver's license withdrawn, suspended, or denied? (If yes, explain below)		Yes	No
Any convictions for traffic violations in the last three (3) years? (If yes, explain below)		Yes	No
Date mm/yyyy			

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I hereby authorize the Village of Marathon City to investigate all statements contained in this application. I authorize the Village of Marathon City to obtain information regarding my education, experience, competence, character, or related qualifications. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Village of Marathon City Internal Use

Activity	Yes	No
Education Background		
References		
Work History		
Background Check		
Military Service		
EEOC Completed		
Interview Completed		
Offer Made		
Candidate Communication Sent		



Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other |

Gender

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Military Service

- | | |
|---|---|
| <input type="checkbox"/> Pre-Vietnam Era | <input type="checkbox"/> Vietnam Era |
| <input type="checkbox"/> Post-Vietnam Era | <input type="checkbox"/> Disabled Veteran |

How did you hear about this position?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Company Employee | <input type="checkbox"/> Professional Publication |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Placement Office | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ | | |