

Mark Deaver
Fire Chief

Kenneth Voss
Deputy Fire Chief



Fire/EMS Department
(Non Emergency)
715-345-5310

(Emergency) **911**

VILLAGE OF PLOVER
2400 POST ROAD, PO Box 37
PLOVER, WISCONSIN 54467
www.ploverwi.gov

Dear Fire/EMS Department Applicant

On behalf of the Village of Plover Fire/EMS Department, I would like to thank you for your interest in our Department. The Village of Plover Fire/EMS Department is a combination department made up of a full-time Fire Chief position, full-time Deputy Fire Chief position, two (2) Full-time Building Inspectors and forty-nine (49) paid-on-call (POC) firefighter and emergency medical technician personnel.

As an applicant for the Village of Plover Fire/EMS Department, you will be required to complete the application form attached. You will be asked to **provide copies of all pertinent licenses and training certificates**. Upon submission, your application will be reviewed by the Department Personnel Committee. If successful, you will then be invited to participate in an oral interview process. If successful, you may then be offered employment with the Department, contingent upon your successfully completion of; pre-employment occupational health screening physical, physical ability testing, drug screening, and background investigation.

The Village of Plover Fire/EMS Department requires that all prospective candidates for employment meet the following minimum qualifications:

- possess a valid Wisconsin driver's license;
- no felony convictions;
- no theft convictions;
- no drug related convictions;
- not on probation

Any misleading representations on the application or during the interview process by the candidate will result in immediate elimination of the candidate from the hiring process.

Thank you for considering employment with the Village of Plover Fire/EMS Department. We look forward to the possibility of your becoming a part of our Team.

Respectfully,

Mark Deaver, Fire Chief
Village of Plover

2400 Post Road
PO Box 37
Plover, WI 54467

VILLAGE OF PLOVER
EMPLOYMENT APPLICATION

Affirmative Action
Equal Opportunity Employer

PLEASE TYPE OR PRINT IN INK ONLY! ATTACH ADDITIONAL SHEET(S) IF NECESSARY

TITLE OF POSITION APPLIED FOR:

NAME (LAST, FIRST, MI)

SOCIAL SECURITY #

MAY WE CALL YOU AT WORK?

YES NO

COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

VALID WISCONSIN DRIVER'S

LICENSE? YES NO

HOME PHONE

WORK PHONE

CELL PHONE

CLASS B CDL LICENSE W/AIR BRAKE

ENDORSEMENT YES NO

DATE YOU COULD START

ON OR AFTER

EMAIL ADDRESS

LIST RELATIVES SERVING ON VILLAGE COMMISSIONS, COMMITTEES, BOARDS OR EMPLOYED BY VILLAGE:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 12/GED Technical 1 2 3 4 College 1 2 3 4 5 6

HIGH SCHOOL NAME

LOCATION (CITY/STATE)

COLLEGE/UNIVERSITY NAME

TYPE OF DEGREE

MAJOR

TECHNICAL/BUSINESS SCHOOL NAME

TYPE OF DEGREE

MAJOR

ADDITIONAL COLLEGE/TECHNICAL
SCHOOL NAME

TYPE OF DEGREE

MAJOR

LIST SPECIALIZED TRAINING

LIST CURRENT PROFESSIONAL CERTIFICATION(S)

SPECIAL SKILLS OR QUALIFICATIONS

OFFICE WORK: THE FOLLOWING INFORMATION MUST BE PROVIDED IF YOU ARE APPLYING FOR POSITIONS REQUIRING TYPING ABILITY OR COMPUTER SKILLS.

NUMBER OF WORDS PER MINUTE: _____

EXPERIENCE WITH PERSONAL COMPUTER YES NO

LIST SOFTWARE YOU ARE FAMILIAR WITH: _____

LIST OFFICE MACHINES, SPECIALIZED EQUIPMENT WHICH YOU CAN OPERATE SKILLFULLY: _____

EXPERIENCE IN TRANSCRIBING MECHANICALLY

RECORDED MATERIAL YES NO

ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS/DUTIES OF THE JOB YOU ARE APPLYING FOR? (PLEASE REFER TO JOB DESCRIPTION) YES NO IF NO, PLEASE IDENTIFY WHICH ESSENTIAL FUNCTIONS YOU COULD PERFORM WITH REASONABLE ACCOMODATIONS.

DO YOU HAVE ANY CRIMINAL CHARGES PENDING OTHER THAN MINOR TRAFFIC VIOLATIONS? (PENDING CRIMINAL CHARGES ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED ON ITS OWN MERITS) YES NO IF YES, PLEASE EXPLAIN:

IMPORTANT: WE NEED THE INFORMATION REQUESTED BELOW TO AID US IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION. IT IS IMPORTANT THAT THIS DATA BE AS COMPLETE AS POSSIBLE IN ORDER THAT YOU RECEIVE MAXIMUM CONSIDERATION. PLEASE LIST YOUR PRESENT AND PAST FULL AND PART-TIME EMPLOYMENT. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATING TO THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO GIVE VOLUNTEER WORK AND ANY RELATED SELF-EMPLOYMENT AND MILITARY SERVICE. YOU NEED NOT GO BACK BEYOND 10 YEARS UNLESS YOU FEEL PRIOR EXPERIENCE IS REASONABLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. USE ADDITIONAL SHEET(S) IF NECESSARY. YOU MAY ALSO ATTACH A BRIEF RESUME TO FURTHER EXPLAIN YOUR QUALIFICATIONS, HOWEVER, YOU MUST PROVIDE ALL THE INFORMATION REQUESTED BELOW TO BE CONSIDERED FOR THE POSITION.

FROM (MO. & YEAR)	TITLE OF YOUR <u>PRESENT</u> POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES	ADDRESS	
HOURS EACH WEEK	STARTING HOURLY SALARY	PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR REASON FOR LEAVING OR CONSIDERING CHANGE		
FROM (MO. & YEAR)	TITLE OF YOUR <u>PRESENT</u> POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES	ADDRESS	
HOURS EACH WEEK	STARTING HOURLY SALARY	PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR REASON FOR LEAVING OR CONSIDERING CHANGE		
FROM (MO. & YEAR)	TITLE OF YOUR <u>PRESENT</u> POSITION	EMPLOYER'S NAME	PHONE
TO (MO. & YEAR)	PRIMARY DUTIES	ADDRESS	
HOURS EACH WEEK	STARTING HOURLY SALARY	PRESENT HOURLY SALARY	
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	YOUR REASON FOR LEAVING OR CONSIDERING CHANGE		

PERSONAL REFERENCES (Excluding relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE

I CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND IF I AM EMPLOYED, ANY FALSE STATEMENTS OR OMISSIONS MAY LEAD TO IMMEDIATE DISMISSAL AND I AGREE THAT THE VILLAGE SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED FOR SUCH REASON. YOU ARE HEREBY AUTHORIZED TO VERIFY THE INFORMATION I HAVE SUPPLIED AND TO CONDUCT ANY INVESTIGATION TO THE INFORMATION PROVIDED AND MY PERSONAL HISTORY. I AUTHORIZE THE COMPANIES, SCHOOLS AND PERSONS NAMED ABOVE TO GIVE ANY INFORMATION REQUESTED REGARDING MY EMPLOYMENT, CHARACTER AND QUALIFICATIONS, AND RELEASE AND HOLD HARMLESS THE VILLAGE OF PLOVER AND THE COMPANIES, SCHOOLS AND PERSONS SEEKING OR PROVIDING SUCH INFORMATION FROM ANY AND ALL LIABILITY. I FURTHER UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED UPON THE RESULTS OF A PHYSICAL EXAMINATION AND/OR SUBSTANCE ABUSE SCREENING.

I FURTHER UNDERSTAND THAT MY CLASSIFICATION AS AN EMPLOYEE DEPENDS UPON SUCCESSFULLY PERFORMING ASSIGNED WORK DURING THE ORIENTATION PERIOD. I UNDERSTAND MY APPLICATION WILL BE PROCESSED IN A CONFIDENTIAL MANNER. I AUTHORIZE A RELEASE OF ANY RECORDS PERTAINING TO MY EDUCATION, EMPLOYMENT, AND POLICE AND/OR PERSONAL REFERENCE TO THE VILLAGE OF PLOVER.

SIGNATURE OF APPLICANT

DATE