

**SAUK FIRE DISTRICT
SAUK CITY FIRE DEPARTMENT**

**505 Van Buren St.
Sauk City, WI 53583**

To Applicant:

The Sauk City Fire Department is accepting applications for the position of Fire Fighter.

The following process will be used to create the eligibility list:

1. Return the completed application and background waiver;
2. The application will be reviewed by the Fire Department's Application committee;
3. Selected candidates will be scheduled for an oral interview;
4. Selected candidates will participate in a physical ability examination;
5. Selected candidates will undergo a background check; and
6. Selected candidates shall be offered employment contingent on a medical examination and drug-screening test.

Failure to pass any of the above steps including the failure to fully complete all portions of the application shall result in removal from the hiring process.

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EMPLOYMENT APPLICATION

Date Application Completed: _____ Date Available for Work: _____

General Information

Name: _____

Last

First

Middle

Address: _____

Street Number and Name

City

State

Zip Code

Home Phone: (____) _____ Best time to call or leave message: _____

If under 18, show date of birth: _____ Social Security Number: _____ / _____ / _____

Phone at which you can be reached (if other than home phone): (____) _____

How did you learn of this job opportunity? Agency Friend Other: _____

Do you have a legal right to work and remain in the United States? Yes No

(Employment eligibility verification will be required after employment.)

Have you been convicted of a crime(s) within the past 10 years, including misdemeanors and felonies, while has not been annulled, expunged or sealed by a Court? Yes No *

If yes, describe for each conviction, the nature of the crime, the Court Where convicted and the date of conviction (Use other side if more required.) _____

Do you have any criminal charges presently pending against you? Yes No *

If yes, describe the nature of each charge, the Court where pending and the date of alleged violation.

(Use other side if more room required.) _____

* A conviction record may not necessarily disqualify you from employment consideration. Each application will be individually considered on its own merits.

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U.S. Military Service Information

Have you ever been a member of the U.S. Military? Yes No If Yes, please provide the following:

Branch: _____ Date Entered: _____ Date Discharged: _____ Rank at Discharge: _____

Please list any special skills, training, or experience acquired while in the Military: _____

Education Information

	School Name City, State	Number of Years Completed	Attended From To	Course of Study	Year Graduated/ Degree Obtained
High School					
College					
Graduate School					
Vocational, Business or Trade School					

List any honors, activities, volunteer experience, etc. (You need not include information which may indicate race, religion, national origin, sex, age, or disability). _____

List any additional qualifications, skills, or other pertinent information applying to your application or to your ability to perform the job for which you are applying. (Use additional pages if more space is needed.) _____

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Personal References

List 3 individuals who are NOT former supervisors or relatives.

Name	Address (Including City, State & Zip)	Telephone	Relationship	Years Known

Employment History

If you worked under a name other than the one you are now using, show the name used. List work experience for the last 10 years, beginning with your most recent position. (Use reverse side if more space is needed.)

Employer Name: _____ Job Title: _____
Address: _____ From: _____ To: _____
City State & Zip: _____ Telephone: () _____
Supervisor's Name: _____
Describe duties: _____
Reason for leaving: _____

Employer Name: _____ Job Title: _____
Address: _____ From: _____ To: _____
City State & Zip: _____ Telephone: () _____
Supervisor's Name: _____
Describe duties: _____
Reason for leaving: _____

Employer Name: _____ Job Title: _____
Address: _____ From: _____ To: _____
City State & Zip: _____ Telephone: () _____
Supervisor's Name: _____
Describe duties: _____
Reason for leaving: _____

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Employer Name: _____ Job Title: _____
Address: _____ From: _____ To: _____
City State & Zip: _____ Telephone: (____) _____
Supervisor's Name: _____
Describe duties: _____
Reason for leaving: _____

Employer Name: _____ Job Title: _____
Address: _____ From: _____ To: _____
City State & Zip: _____ Telephone: (____) _____
Supervisor's Name: _____
Describe duties: _____
Reason for leaving: _____

May we contact your present employer? Yes No

Applicant's Statement and Certification

I certify that all information is accurate and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts shall be sufficient cause for removal from consideration for employment or for dismissal after employment. I authorize the staff of the Sauk City Fire Dept., WI to investigate, without liability, all statements contained in this application and hereby release such person, corporation or other organization from any and all liability for providing such information. I also authorize listed employers and references without liability to make full response to any inquiries by the administration of the Sauk City Fire Dept. in connection with this application for employment. If employed, I agree to abide by all of the work and safety rules. I agree to promptly notify the Dept. of any material change in the information contained in this application.

Applicant's Signature

Date

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APPLICANT SURVEY

Name: _____ Date ____ / ____ / ____
 Last First M

1. What hours are you available to respond to calls?

Weekdays: Day time YES _____ NO _____

 Night time YES _____ NO _____

Weekends: Day time YES _____ NO _____

 Night time YES _____ NO _____

2. What hours do you work? (Be specific)

1st shift _____ 2nd shift _____ 3rd shift _____

Other _____

3. Will your employer allow you to leave work for a fire call? YES _____ NO _____

Are there any limitations? _____

4. Are you currently a resident of Sauk City? YES _____ NO _____

Do you live or work within 3 miles of fire station? YES _____ NO _____

5. Can you attend the 1st and 3rd Tuesday evening meetings and practices? YES _____ NO _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby empower an employee of the SAUK CITY FIRE DEPARTMENT, or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking institution.
4. Any place of business (for purposes of obtaining credit or employment data).
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university, or other educational institution.
9. Any office, clinic, sanatorium, or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

Valid Driver's License Number: _____

Expiration Date: _____ Date of birth: _____

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____

I hereby release any Fire Department official, Municipal, Town, State or Federal law enforcement agency, individual or institution, including it's officer, employers, or related personnel, both individually and collectively, from any and all liability from damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Name: _____
(Print Full Name)

Signature: _____ Date: _____
(Print Full Name)

Address: _____
(Street Number & Name and/or Fire Number)

(City, State, Zip Code)

Witness: _____ / _____
(Print Full Name) and (Sign Full Name)

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**AUTHORIZATION FOR GENERAL RELEASE OF INFORMATION
FOR BACKGROUND CHECK AND
GENERAL RELEASE AND INDEMNIFICATION AGREEMENT**

Completion of this form is necessary for the Sauk City Fire Department to attain information for purposes of completing a background check. Failure to complete this form could result in non-hire and/or dismissal. Personally identifiable information on this form is not intended to be used for any other purpose.

(Please Print)

Applicant's Name: _____
First Name, Middle Name, Last Name

Current Address: _____
Street or Route City/State/Zip Code

Telephone Number: (____) _____
(Area Code)

Date of Birth: _____ **Social Security No:** _____

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Sauk City Fire Department (Department). The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the Sauk City Fire Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon the request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Sauk City Fire Department, whether said records are of public, private, of confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorizer is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Sauk City Fire Department to consider in determining my suitability for employment as a fire fighter in that Department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work, record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any

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information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Sauk City Fire Department regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Sauk City Fire Department's acceptance and processing of my application for employment, I agree to hold the Sauk City Fire Department and their agents, representatives and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Sauk City Fire Department. I understand that should information of serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

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HOLD HARMLESS

I agree to indemnify, defend, and hold harmless the person to whom any request is presented and his/her agents and employees from and against all claims, damages, losses, and expenses, whatsoever, without limitation, including reasonably attorney's fees, arising out of or by reason of complying with request.

The Release Indemnification, defense, and hold harmless covenants made by me in this Agreement shall continue in full force and effect for the benefit of indemnified parties and released parties until applicable Statutes of Limitation have expired.

The authorization to release background information regarding me is valid for a period of one year from date below or until completion of my probationary period, whichever is longer.

CONDIDATE PHYSICAL AGILITIES TEST WAIVER

A Physical Agilities Test is administered by the Sauk Fire District / Sauk Fire Department. It provides the applicant the opportunity to demonstrate the minimum required agility, coordination and strength necessary for job performance. The test may be strenuous. If applicants have any reason to believe the test may be injurious to his/her health, the applicant should contact a doctor prior to participation. The decision to participate in this phase of the recruitment process is the applicant's, and he/she assumes full responsibility for any injury or harmful effects that may result.

I have read and understand the above statement, thereby releasing the Sauk Fire District / Sauk City Fire Department from any and all claims of responsibility that may result from participation in the test.

Name: _____
(Print Full name)

Signature: _____ Date: _____
(Sign Full Name)

Address: _____
(Street Number & Name and/or Fire Number)

(City, State, Zip Code)

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PHYSICAL ABILITY TEST**

The SAUK FIRE DISTRICT PHYSICAL ABILITY TEST consists of 7 separate tests. The test is **NOT** a timed test however must be completed in a timely manner. The test will be monitored by a minimum of 3 proctors. The candidate(s) will have an opportunity to a walk through of the course to be performed. During the test, a proctor will follow along with the candidate, reading the next step of the test to the candidate.

In the test, the candidate must wear a firefighter structural coat, a Scott air pack with 30 minute bottle. Through out the test, the candidate must also wear long pants, a hard hat with chin strap, work gloves, and footwear with no open heel or toe. The turn-out coat, air pack, hard hat, and work gloves will be provided by the fire district. Loose or restrictive jewelry or watches are not permitted to be worn during the test.

The events are placed in a sequence that best simulates fire scene events. The test also shows range of motion required to perform the tasks.

There is no running permitted during the test (unless otherwise stated).

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12/2007

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PHYSICAL ABILITY TEST**

EVENT 1: WALKING/ STAIR CLIMB

For this event the candidate will walk on the treadmill in the exercise room. The treadmill will be set at 10 degrees. The candidate will walk for a total of 5 minutes. The candidate will start at a pace of 2 mph for 30 seconds to get familiar with the treadmill. During this time the candidate can hold on to the rails for balance. At 30 seconds the candidate must let go of the rails. The speed will then be increased to 2.5 mph for 4 minutes and 30 seconds. The candidate will then dismount the treadmill.

EVENT 2: LADDER RAISE

For this event, the candidate must raise and lower a prepositioned ladder two complete times. A 28 foot ladder will be supported by two firefighters. The candidate will pull on the halyard (rope) to raise the fly section of the ladder to the top with a hand over hand technique and then lower it the same way. This will be done a total of two times.

EVENT 3: HOSE DRAG

For this event the candidate must grasp a hose line nozzle attached to 200 feet of 1 ¼ -inch hose. Place the hose line over your shoulder or across your chest, not exceeding the 8 foot mark on the hose. You may run during the hose drag. Drag the hose line 70 feet to a pre-positioned drum, make a 90 degree turn around the drum, and continue an additional 30 feet. Stop within the marked 7-foot by 10 foot box, drop to at least one knee and pull the hose line until the first coupling crosses the finish line. During the Hose Drag, you must keep at least one knee in contact with the ground and knee(s) must remain within the marked boundary lines.

EVENT 4: EQUIPMENT CARRY

For this event, the candidate must remove two saws from the compartment of Sauk City Ladder 9, one at a time, and place them on the ground. Pick up both saws, one in each hand, and carry them while walking 35 feet around a pre-determine course and 35 feet back to the compartment. Place the saws back on the ground, pick up the saws one at a time and place them back into the compartment.

EVENT 5: FORCIBLE ENTRY/ MALLET SWING

For this event the candidate will strike a railroad tie placed on the picnic table forcing it 6 inches along the table. The candidate will stay with-in the box at the base of the table. The candidates will use a 10 lb mallet to hit the railroad tie. Hand placement on the handle of the mallet will be outside the marked area on the handle.

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EVENT 6: RESCUE

For this event, the candidate must grasp 175 pound mannequin by the handle(s) on the shoulder(s) of the harness (either one or both handles are permitted), drag it 35 feet to a pre-positioned drum, make a 180 degree turn around the drum, and continue an additional 35 feet to the finish line. The candidate is not permitted to grasp or rest on the drum. The mannequin may touch the drum. The candidate may drop and release the mannequin to adjust his/ her grip. The entire mannequin must be dragged until its feet cross the finish line.

EVENT 7: CEILING PULL

The candidate will pick up a pike pole off of the floor, stand within the established boundary, and place the hook into the loop above. The candidate must then pull down on the loop lifting the 60-pound weight on the other end of the pulley 1 foot off the ground. The candidate will perform 10 lifts. The candidate will then place the pike pole back on the ground in the predetermined place. The candidate is permitted to stop and, if needed readjust grip. As long as the pike pole doesn't fall to the ground, the candidate will pass. The proctor will count out each successful lift. If the candidate doesn't successfully complete a repetition, the proctor will call out miss and he/ she must pull the loop again to complete the repetition.

03/2011