

Hales Corners Fire Department

10000 W. Forest Home Avenue • Hales Corners, Wisconsin 53130

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Fire Chief Michael Jankowski



The Hales Corners Fire Department (HCFD) currently is a combination department comprised of full-time and part-time personnel beginning July 1, 2013. The HCFD will begin staffing with part-time personnel with a minimum of four (4) personnel in the station 24-7 paid an hourly rate typically working twelve (12) hour shifts. In addition, personnel that live within a 15 minute radius are eligible to respond to the station when a call is received via pager and are compensated for their time utilized on the call.

Being a firefighter EMT with Hales Corners will offer you the chance to challenge yourself with a tough job with many personal rewards. Please review the minimum qualifications below.

The following requirements apply to all Part-time personnel at time of application:

1. Minimum 18 years of age
2. High school graduate or possess documentation of a recognized equivalent
3. Possess, maintains and provide proof of a valid Wisconsin drivers' license and automobile insurance
4. Pass written examination, oral interview, and physical ability exam, drug testing and medical examination.
5. Applicant must be a non-smoker.
6. Possess a current Wisconsin State Firefighter Level I Certification
7. Possess a current Wisconsin Emergency Medical Technician (EMT) license
8. Possess current AHA CPR certification
9. Preference will be given to those applicants which have Driver Operator - Pumper certification and or Emergency Medical Technician – Advanced.

The Village of Hales Corners is an Equal Opportunity Employer.
Applications should be returned to the Hales Corners Fire Department.

Michael A. Jankowski
Fire Chief

| EDUCATION | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DATE GRADUATED | SUBJECTS STUDIED |
|--|-----------------------------|----------------|----------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

Certifications FFI: Yes _____ No _____ FFII: Yes _____ No _____ EMT: Yes _____ No _____

EMT level: _____ Fire Inspector: Yes _____ No _____

(Attach copies) Driver Operator Pumper: Yes _____ No _____

State reasons for wanting to join the fire department: _____

References: Give the names of three (3) persons not related to you, whom you have known at least one year.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| |
|--|
| <p>Please indicate how you heard about us</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Technical College</p> <p><input type="checkbox"/> Village Newsletter</p> <p><input type="checkbox"/> Recruitment Sign</p> <p><input type="checkbox"/> Word of Mouth (Who?) _____</p> |
|--|

PHYSICAL RECORD:

HAVE YOU HAD A FIREFIGHTER/RESPIRATOR MEDICAL PHYSICAL WITHIN ONE YEAR FROM DATE OF APPLICATION? YES, No IF YES, ATTACH COPY OF SUCCESSFUL COMPLETION.

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES | | NO | | IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY, NOTIFY _____
NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____SIGNATURE

Hales Corners Fire Department
Authorization for Release of Information

(For official use only, not to be released to unauthorized persons.)

I hereby empower an employee of the Hales Corners 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.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, 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.

Exceptions to this blanket authorization:

1. _____
2. _____
3. _____

Signature (Full Name)

Address (Street and Number)

City

State

Zip

Witness: _____ Date: _____