

Hales Corners Fire Department

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

Phone: 414-529-6168 • Fax: 414-529-6169

E-mail: pjaskulski@halescornersfire.org



Fire Chief Peter R. Jaskulski

The Hales Corners Fire Department is a combination department comprised of full-time and part-time firefighting and emergency medical technicians. Full time Shift Captains supervises the daily shift and operations and Part-Time personnel will staff the station in a shift format either from 0600-1800 hours or 1800-0600 (next day) and are compensated at an hourly rate.

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.

1. Part-Time personnel are assigned twelve (12) hour shifts from 0600-1800 hours or overnight from 1800-0600 (next day) and will work approximately twenty-four (24) hours per week. Part-Time personnel do not have residency requirements, but are eligible for call back based on proximity to the firehouse.
2. Part-Time personnel are required to obtain EMT- Advanced status by the end of their first year. This includes NREMT, Wisconsin DHS licensure, and approval by Milwaukee County EMS.
3. Part-Time personnel are eligible for paid training to obtain certification as a Driver Operator-Pumper, Fire Inspector, and Firefighter II; all are Wisconsin Technical College System certifications.

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

4. Minimum 18 years of age
5. High school graduate or possess documentation of a recognized equivalent
6. Possess, maintains and provide proof of a valid Wisconsin drivers' license and automobile insurance
7. Pass a written examination, oral interview, and physical ability exam, and medical examination.
8. Applicant must be a non-smoker.

In addition, part-time personnel must have the following minimum requirements at time of application.

9. Possess a current Wisconsin State Firefighter Level I Certification
10. Possess a current Wisconsin Emergency Medical Technician (EMT) license
11. Possess current AHA CPR certification

The Village of Hales Corners is an Equal Opportunity Employer. Applications should be returned to the Hales Corners Fire Department in person, mail, email / electronic, or fax.

Sincerely,

Peter R. Jaskulski
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 Fire Inspector: Yes No
 (Attach copies) Driver Operator Pumper: Yes No Driver Operator Aerial: 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.			

Please indicate how you heard about us

Website

Newspaper Advertisement

Village Newsletter

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

Availability Survey for Paid-on-Call Personnel

The compilation of the following information will help assess your availability for fire department activity.

Name: _____

Which shift or hours are you, primarily employed?

Shift or Hours: _____
(If you are a full-time firefighter, explain fully.)

Time you leave for work: _____ Time you return from work: _____

Does your primary job require you to go out of town?

Frequently ___ Sometimes ___ Seldom ___ No ___

Other Part-time Employment: _____ Shift or Hours: _____

Are you a student? Yes ___ No ___ Part Time ___ Full Time ___

Class Schedule:

Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Do you have any additional commitments that may affect your availability? _____

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: _____