



CITY OF PORT WASHINGTON FIRE DEPARTMENT

APPLICATION FOR THE POSITION OF CAREER FIREFIGHTER/EMT-P (PARAMEDIC)





CITY OF PORT WASHINGTON | FIRE DEPARTMENT & EMERGENCY MEDICAL SERVICES
Mark Mitchell, Fire Chief

March 1, 2020

Prospective Candidate:

On behalf of the City of Port Washington Fire Department, I would like to thank you for your interest in applying for the position of career Firefighter/EMT-P (Paramedic). Please complete the attached forms to the best of your ability.

Any questions can be answered by calling the number below.

Good luck.

Mark Mitchell

Mark Mitchell, Fire Chief
Port Washington, WI Fire Department

Mailing Address: 100 West Grand Avenue P.O. Box 307 Port Washington, WI 53074

Fire Station: 104 W. Washington St.

Phone: (262) 284-2891 Fax (262) 284-3962

Email: mmitchell@ci.port-washington.wi.us

www.pwfd.org

CAREER FIREFIGHTER/EMT-P (PARAMEDIC)

CITY OF PORT WASHINGTON FIRE DEPARTMENT

The CITY OF PORT WASHINGTON, OZAUKEE COUNTY, WISCONSIN (POP. 11,713) is accepting applications for the position of career Firefighter/EMT-P (Paramedic).

Qualifications: U.S. Citizen, graduation or equivalent from high school, and post high school education with emphasis in fire protection and/or Emergency Medical Services. No felony convictions, vision correctable to 20/20, good verbal and written communication skills, clear and concise speech, and the ability to perform essential functions of this position.

Applicants shall have the following certifications/licenses at time of application:

WI Firefighter Level I & Level II (or reciprocity with *IFSAC certificate)

WI EMT-Paramedic (or reciprocity with **NREMT-Paramedic)

Valid Wisconsin Driver's License

An Associate Degree in Fire Protection Technician or Fire-Medic is preferred. One (1) year of firefighting/ EMS experience in a municipality is recommended.

An Associate Degree in Fire Protection Technician or Fire-Medic is preferred. One (1) year of firefighting/ EMS experience in a municipality is recommended.

Applicants shall be required to have the following certifications/licenses within two (2) years of employment:

WI Driver/Operator-Pumper (or reciprocity with *IFSAC certificate)

WI Fire Inspector I (or reciprocity with *IFSAC certificate)

Hiring Process: Candidates will be required to take a written exam, oral interview, assessment center, undergo drug screening, pass a physical exam, allow a police background check, and shall have a current CPAT (Candidate Physical Agility Testing) at time of employment. Successful candidates shall establish residency within a 20-mile radius of Port Washington, WI within first year of employment.

Salary and Schedule: \$50,000 annual salary working 24 hours on / 48 hours off schedule. (56 hr. work week/28-day cycle).

Competitive Benefit Package: Wisconsin Retirement System enrollment, health, dental, and life insurance, paid holidays, sick leave, and vacation.

The City of Port Washington is an Equal Opportunity Employer.

Applications may be obtained online at www.pwfd.org or at the City Hall, 100 W. Grand Avenue Port Washington, WI 53074 from 8:00 AM -5:00 PM.

Completed applications, resume', and copies of appropriate licenses and certifications must be received by U.S. Mail only, by 5:00 PM, March 31, 2020 at:

Port Washington City Hall
100 W. Grand Avenue
Port Washington, WI 53074



City of Port Washington

APPLICATION FOR EMPLOYMENT

www.cityofportwashington.com
AN EQUAL OPPORTUNITY EMPLOYER

City of Port Washington
100 West Grand Avenue
P. O. Box 307
Port Washington, WI 53074
Phone: (262) 284-2600
Fax: (262) 284-7669

Date:

Position Desired:

☐ Full Time ☐ Part Time ☐ On-Call/Relief Hours ☐ Temporary/Limited Term Employment

How did you learn of this position?

☐ Newspaper: _____
☐ Walk-In
☐ Job Line
☐ Internal Posting

☐ Employee
☐ Employment Agency
☐ Internet
☐ Other: _____

PERSONAL

Name: (Last) (First) (M.I.)

Home Phone:

Address: (Street) (Apt #)

Business Phone:

May we contact you at this #? ☐ Yes ☐ No

(City) (State) (Zip)

Social Security #:

List any other names by which you have been known:

Are you legally eligible for employment in the United States?

☐ Yes ☐ No

When will you be available for
employment? _____

Do you possess a valid Driver's License?

☐ Yes ☐ No

Number: _____

State Issued: _____

Do you possess a valid Commercial Driver's License?

☐ Yes ☐ No

Number: _____

State Issued: _____

Do you have access to a licensed vehicle?

☐ Yes ☐ No

Do you currently have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? ☐ Yes ☐ No If yes, please explain:

A conviction record will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking.

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?

☐ Yes

☐ No

Name/Location of School: _____

Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? ☐ Yes ☐ No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Technical College, Business College, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year) From To		Presently Attending?	Major/Degree Received
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any education or training you have had which is not covered above; such as correspondence courses, service schools, in-service training. Please provide dates.

MILITARY

Complete this section if you served in the U. S. Armed Forces:

Branch of Service: _____ Rank at Discharge: _____

Period of Active Duty (Month & Year) From: _____ To: _____

Honorably Discharged? ☐ Yes ☐ No Date: _____

Describe your duties and any special training: _____

EMPLOYMENT RECORD

IMPORTANT: You must complete the employment sections of this application.

Use additional sheets, if necessary. You may attach a resume to further explain your qualifications. All time **must** be accounted for. If unemployed for a period, indicate setting forth dates of unemployment.

(Please complete by beginning with last or current employer, then next to last, etc.)

If currently employed, may we contact this employer? ☐ Yes ☐ No

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (_____ hours per _____)	Beginning Pay: \$ _____ per _____	Ending Pay: \$ _____ per _____

Description/Duties:

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours per)	Beginning Pay: \$ per	Ending Pay: \$ per
Description/Duties:		

REFERENCES		
List persons who are familiar with your qualifications and background.		
Name	Telephone	Nature of Relationship
1.		
2.		
3.		

Please complete the General Information/Special Skills Sections and /or attach a resume.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List here any skills which you feel are applicable to this position:

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying.

List any Memberships in Professional or Technical Associations:

Current License or Registration as a member of a trade or profession:

GENERAL INFORMATION

Please provide any additional information which you feel is relevant to this position. (Attach additional sheet if necessary)

FORMER ADDRESSES

Please list any former addresses that you have lived at in the last 10 years: (Please print)

Address

City

State

1.

2.

3.

4.

5.

6.

Please use the area below if you need more space.

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment or job offer tendered to me will be contingent upon the results of additional testing, a complete background check, and fitness evaluation.

Signature of Applicant: _____ Date: _____

CITY OF PORT WASHINGTON
100 West Grand Avenue, Port Washington, WI 53074-0307

Department: _____

Applicant's Authorization and Acknowledgment

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying résumé, if any) to provide any relevant information to the City of Port Washington that may be required to enable the City of Port Washington to arrive at an employment decision. I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Port Washington only for consideration of my employment. I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination. I understand that I may be fingerprinted and a criminal record check made of local, state, or federal authorities and that a conviction is not an automatic bar to my employment.

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants' names must be disclosed. Wisconsin Statutes do require if request is made for the names of the finalists considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

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

I hereby empower an employee of the City of Port Washington 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 previous employer
5. Present employer
6. Any school, college, university or other educational institution.

I hereby release any Municipal, State, 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. _____
4. _____

**COMPLETE ONLY IF YOU ARE
AT LEAST 18 YEARS OF AGE.**

Signature: _____

PLEASE PRINT (please state your full name, no nicknames):

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Driver's License # _____ State Issued: _____

Street Address: _____

City: _____ State _____ Zip: _____

Witness: _____ Date: _____

CAREER FIREFIGHTER/EMT-P (PARAMEDIC)

CITY OF PORT WASHINGTON FIRE DEPARTMENT

ADDITIONAL APPLICATION REQUESTED INFORMATION

*01 List ALL CURRENT Fire-related certifications/licenses you hold (State/National certifications, NOT technical college course completion certificates). Include: Certification, Certification Date, Certification Number (if applicable), and the Issuing State of Certification. Copies of certificates/licenses are encouraged to be attached to this application. If you do not have any Fire-related certifications/licenses, type "N/A".

*02 List ALL CURRENT EMS-related certifications/licenses you hold (State/National certifications, NOT technical college course completion certificates). Include: Certification, Certification Date, License Number (if applicable), National Registry Number (if applicable), and issuing State of Certification. Copies of certificates/licenses are encouraged to be attached to this application. If you do not have any EMS-related certifications/licenses, type "N/A".

*03 Has a State Licensing Authority ever revoked, suspended, or placed conditions upon your professional / occupational license(s)?

- Yes
- No

*04 Are you State of Wisconsin Firefighter I and II certified or equivalent (IFSAC)?

- Yes
- No

*05 Are you a State of Wisconsin licensed EMT-Paramedic?

- Yes
- No

*06 If not a State of Wisconsin licensed EMT-Paramedic are you able to obtain certification through NREMT reciprocity prior to hiring?

- Yes
- No
- N/A

*07 Do you agree to live within a 15 miles radius of the city limits of Port Washington within 1 year probationary period?

- Yes
- No

*08 Have you completed CPAT (Candidate Physical Agility Testing) in the last 12 months (or able to complete prior to hiring)?

- Yes
- No

***09 NO TOBACCO USE AS A CONDITION OF EMPLOYMENT:**

I acknowledge that, by accepting employment as a Firefighter/Paramedic, I am agreeing to the following conditions of employment: From the date of hire, I will not use tobacco product(s) at any time while employed with the Department and, further, if I do use any tobacco product(s) at any time while employed with the Department, I will be subject to dismissal for cause. I understand this condition, agree to it, and accept such condition of employment as a requirement for continued employment. SPECIAL NOTE: The Department reserves the right to amend this at any time. To indicate agreement, please select "YES".

- Yes
- No

*10 To provide evidence of consent to "NO TOBACCO USE AS A CONDITION OF EMPLOYMENT", a second confirmation is necessary. Please enter your initials and today's date below.

*11 RELEASE OF INFORMATION This release and authorization acknowledges that employment is contingent on passing a background check and that the employer may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and receive any criminal history record information pertaining to me that may be in the files of any Federal, State and/or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The result of this verification process will be used to determine employment eligibility. A conviction will not automatically disqualify me from employment but will be evaluated as to how the offense related to the position I have applied for or currently hold. I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employees, and other organizations and agencies to provide this potential employer with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. I do hereby agree to forever release and discharge this employer, and their associates to the full extent permitted by law from any claim, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. To provide consent, please select "YES".

- Yes
- No

*12 To provide evidence of consent to the "RELEASE OF INFORMATION", a second confirmation is necessary. Please sign and date below.

Signature

Date

*Required Request or Question