

Employment Application

ALTOONA FIRE & RESCUE DEPARTMENT

Located in the Altoona Emergency Services Building
1904 Spooner Avenue
Altoona, Wisconsin 54720
715-839-2970

➤ The City of Altoona is an equal opportunity employer. ◀

PERSONAL INFORMATION

NAME (Last, First, MI)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NO.	HOME TELEPHONE		CELL
DOB	EMAIL ADDRESS		

EDUCATION

HIGH SCHOOL ATTENDED	ADDRESS	DATE COMPLETED	LAST GRADE COMPLETED
COLLEGE/UNIVERSITY			
TECHNICAL COLLEGE			
OTHER			

MILITARY SERVICE

Branch of Service	Served (Mo/Yr) From To		Active Duty or Reserve?	Highest Grade	Primary Duty or Training
LIST ANY SPECIAL SCHOOLS/TRAINING ATTENDED DURING MILITARY SERVICE					

EMPLOYMENT HISTORY
(Begin with most recent employment first)

From	To	Employer Name/Address
Job Title		Name & Telephone Number of Supervisor
Job Duties		
Annual Salary/Wages		Reason for Leaving
May We Contact Employer/Supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

From	To	Employer Name/Address
Job Title		Name & Telephone Number of Supervisor
Job Duties		
Annual Salary/Wages		Reason for Leaving
May We Contact Employer/Supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

From	To	Employer Name/Address
Job Title		Name & Telephone Number of Supervisor
Job Duties		
Annual Salary/Wages		Reason for Leaving
May We Contact Employer/Supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Position Applied For			
Employment Desired	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Are you now or were you ever employed by this city? If yes, attach separate sheet with details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor? If yes, attach separate sheet with details. NOTE: A criminal record does not constitute an automatic bar to employment and will only be considered as it relates to the job in question.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you presently certified/certifiable as a firefighter by the State of Wisconsin?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any other information, applicable to this position, you wish to have considered as part of your application for employment? If yes, attach separate sheet with details.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT, PLEASE READ CAREFULLY AND DATE AND SIGN BELOW

Information provided and statements made by me in this application are true and complete to the best of my knowledge.

I understand that, if I am employed by the City, false information provided or false statements made as part of this application may be considered as cause for dismissal.

I also understand, that if accepted into membership with Altoona Fire department, there will be a one year probationary period. I understand that I will also be required to attend all meetings, schools and training sessions in compliance with Altoona Fire Department Standard Operating Guidelines. I declare that I will remain up to date on my training and skills, delivering these skills and services for the benefit of the Altoona Fire Department.

Applicant Signature _____

Date _____

Date Application Received:	Reviewed By:
Comments:	

RESIDENCY REQUIREMENT

I understand that residency restrictions will be determined based on emergency response and availability factors inherent with the fire service. For these reasons, the Police and fire Commission will determine during the employment evaluation process whether a candidate's residence is within reasonable parameters.

Applicant Signature _____

Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

For Official Use By Authorized Persons

LES 2.01, Wis. Admin. Code

INSTRUCTIONS TO APPLICANT:

Complete this release and return with employment application. The Altoona Fire Department requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration.

Note: This release must be signed by a witness. Failure to complete will result in delayed processing of your application.

Legal Name: Last, First, Middle	Date of Birth
Resident Street Address	
(Area Code) Home Telephone	(Area Code) Work Telephone
Former Name (If Applicable)	

To Whom It May Concern:

I authorize any representative of the Altoona Police or Fire Department bearing this release to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favourable or unfavourable, or confidential in nature from any or all of the following sources:

- 1) Military Record Centers
- 2) Any Place of Business
- 3) Any Court, Police Agency or other location where criminal and misdemeanor records are kept
- 4) Former Employer(s)
- 5) Present Employer(s)
- 6) Any School, College, University or other educational institution
- 7) Credit Bureau(s)
- 8) Any Banking Institution
- 9) Any Local, State, or Federal Government Agency
- 10) Any Private Citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Altoona Fire Department. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including action brought under ss. 895.50, Wisconsin Statutes (the Privacy Act) 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.

Exception(s) to this Blanket authorization:

A photocopy of this release will be as valid as an original.

(Witness Signature/Date)

(Applicant Signature/Date)

Relationship to Applicant)

BACKGROUND INVESTIGATION SUMMARY

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the Instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
 Applicant for a license or certification or registration (including continuation or renewal) Other - Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name - (First and Middle)		Name - (Last)		Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)				Birth Date	Gender (M / F)	Race
Address					Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)						

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION		YES	NO
1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? > If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.			
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) > If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.			
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) > If Yes, explain, including when and where it happened.			
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? > If Yes, explain, including when and where it happened.			

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? > If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? > If Yes, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? > If Yes, explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? > If Yes, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? > If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? > If yes, indicate the year of discharge: _____ > Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? > If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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Interviewed By:

PRINT NAME

SIGNATURE

HIRING APPROVED BY

DATE APPROVED