GRAND CHUTE FIRE DEPARTMENT

2250 Grand Chute Blvd Grand Chute, Wisconsin 54913 Phone (920) 832-6050 FAX (920) 832-1606

Position Applied For:	Division Chief of Fire	Prevention & Public Education			
	Perso	nal Information			
Last Name	First Name	Middle Initial	<u></u>	<u></u>	<u></u>
Street	- Internation				
City	State	ZIP Code			
Home Telephone: ()	Business Teleph				
Social Security Number					
E-mail Address:					
	j	Education			
High School Attended:			<u></u>	<u></u>	
City/Village:	State:				
Did you graduate?	[]Yes []No	GED Certificate	[]Yes	1[]	No
College Attended:	<u> </u>				
City:	State:	From (Mo/Yr):	/	To:	/
Did you graduate?	[]Yes []No	Degree/Major:			
College Attended:					
City:	State:	From (Mo/Yr):	/	To:	/
Did you graduate?	[]Yes []No	Degree/Major:			
Business/Technical Schoo	ol Attended:				
City:	State:	From (Mo/Yr):	/	To:	/
Did you graduate?	[]Yes []No	Degree/Major:			
	Superial	Skills or Training			
<u></u>	Special	SKIIS OF HAITIIN	<u></u>	<u></u>	<u></u>

			Emplo	yment Hi	story	
			Begin with most cu	rrent or most	recent employer	
From (Mo/Yr):	1	To: /			Employer's Name and Address:	
Position Title or	Job Classific	ation:				
Duties:						
					Supervisor's Name & Telephone:	
Reason for Leaving:				Annual Salary/Wages:		
		May we cor	ntact your current e	mployer/sup	ervisor? [] Yes [] No	
From (Mo/Yr): / To: /				Employer's Name and Address:		
Position Title or Job Classification:						
Duties:						
					Supervisor's Name & Telephone:	
Reason for Leav	ving:				Annual Salary/Wages:	
	<u> </u>					
From (Mo/Yr): / To: /				Employer's Name and Address:		
Position Title or	Job Classific	ation:			-	
Duties:						
					Supervisor's Name & Telephone:	
Reason for Leaving:				Annual Salary/Wages:		
		·····	······································			
Branch of	Mo/V	r Served	Active Duty	ary Serv Highest	Ce Skill Specialty	
Service	From	To	Or Reserve	Grade	or Primary Duty	
			enses, certifications onsidered in evalua		ip in professional organizations or alifications.	

R	eferences					
Name:	Address:					
Position/Title/Profession:						
	Telephone:					
Approximately how many years has this individual known you?						
Name:	Address:					
Position/Title/Profession:						
	Telephone:					
Approximately how many years has this individual known you	1?					
Name:	Address:					
Position/Title/Profession:						
	Telephone:					
Approximately how many years has this individual known you	J?					
Suppleme	ntary Information					
Position applied for:						
Are you now or were you ever employed by this Township?	[]Yes []No					
If yes, in what position?						
From: / To: / Reason for leaving:						
List any relatives employed by or currently holding an appoin	tive or elective position in this Township:					
Are you 18 years of age or older? [] Yes [] No						
Do you have a valid Wisconsin driver's license? [] Yes [] No						
A valid Wisconsin driver's license is considered only when it relates to the duties of						
the position you have applied for.						
Have you ever been convicted of a felony? [] Yes [] No						
If yes, please attach a separate sheet giving full information.						

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be gounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

Certification

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED BY THE TOWN OF GRAND CHUTE, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

Applicant's Signature:

Date Signed:

For Police and Fire Commission Use Only

Date application received:

Application reviewed by:

Comments or action taken:

Application reviewed by:

Date:

Date:

Comments or action taken: