

## **CHIPPEWA FIRE DISTRICT**

### **Application Checklist**

All applicants to the Chippewa Fire District shall be required to enclose the following information, copies and other related documents with the application. If a particular item cannot be obtained, simply write on a separate piece of paper, which item is missing and the reason. You are applying for a volunteer Firefighter/1<sup>st</sup> Responder position. This is a traditional position, no compensation or wages.

1. Copy of Driver's License
2. Copy of Birth Certificate
3. Letters of recommendation from employer and/or past Fire Departments
4. Copy of High School Diploma/GED
5. Copy of Fire & EMS related certifications

### **SPECIAL INSTRUCTIONS**

1. Complete the application in your own handwriting (No Typing) and in BLACK INK AND PRINT ONLY.
2. Do not leave any blanks.
3. Accurately and to the best of your knowledge, complete all information in the application.
4. Written essay; grammar, spelling, neatness and content are of paramount importance. Print Only.
5. Be sure to SIGN YOUR APPLICATION.
6. Review your application prior to submitting it to ensure completeness.
7. The District is under Chapter 50, 51, and 146 as an EMS provider and is required to complete a criminal record check.



**Please return completed application to:**

**Chippewa Fire District  
13143 30<sup>th</sup> Avenue  
Chippewa Falls, WI 54729-7377  
(715) 723-5488**

# CHIPPEWA FIRE DISTRICT

Application for Volunteer Firefighter/1<sup>st</sup> Responder



| APPLICANT INFORMATION   |  |   |                     |   |  |   |                              |   |                             |
|---|--|---|---------------------|---|--|---|------------------------------|---|-----------------------------|
| Last Name   |  |   | First               |   |  | M.I.  |                              | Date  |                             |
| Street Address  |  |   |                     |   |  |   | Apartment/Unit #             |   |                             |
| City  |  |   | State               |   |  | ZIP   |                              |   |                             |
| Phone   |  |   | E-mail Address      |   |  |   |                              |   |                             |
| Driver's License Number:  |  |   |                     |   | Have your Driver's License ever been suspended or revoked? |   | YES <input type="checkbox"/> |   | NO <input type="checkbox"/> |
| Date of Birth   |  |   | Social Security No. |   | Height   |   | Weight                       |   |                             |
| Other than minor traffic violations, have you ever been convicted of a crime?   |  |   |                     |   | YES <input type="checkbox"/>                               |   | NO <input type="checkbox"/>  |   |                             |
| If yes, explain:  |  |   |                     |   |  |   |                              |   |                             |
| <p>All applicants may be required to take a physical evaluation to serve as a Firefighter/1<sup>st</sup> Responder, Emergency Medical Technician, or Paramedic. This evaluation may include laying/handling hose, climbing ladders, handling stretchers, etc. Please list any physical or medical issues you may have which may not allow you to participate in the physical agility evaluation phase of the application process. Please include any physical 'limitations or impairments' which may hinder you while functioning as a Firefighter/1<sup>st</sup> Responder, EMT, or Paramedic.</p> |  |   |                     |   |  |   |                              |   |                             |
|   |  |   |                     |   |  |   |                              |   |                             |
|   |  |   |                     |   |  |   |                              |   |                             |
|   |  |   |                     |   |  |   |                              |   |                             |
| Are you subject to:   |  | Epilepsy YES <input type="checkbox"/> NO <input type="checkbox"/>       |                     | Fainting YES <input type="checkbox"/> NO <input type="checkbox"/>                     |  | Hypertension YES <input type="checkbox"/> NO <input type="checkbox"/> |                              | Heart Problems YES <input type="checkbox"/> NO <input type="checkbox"/> |                             |
| Diabetes YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | Claustrophobia YES <input type="checkbox"/> NO <input type="checkbox"/> |                     | Acrophobia (Fear of Heights) YES <input type="checkbox"/> NO <input type="checkbox"/> |  |   |                              |   |                             |
| Are you willing to submit to a physical examination conducted by a physician of our choice to ascertain your ability to perform fire and EMS work as required?  |  |   |                     |   |  |   | YES <input type="checkbox"/> |   | NO <input type="checkbox"/> |

  

| EDUCATION  |    |                   |  |        |
|--|----|-------------------|--|--------|
| High School  |    |                   | Address  |        |
| From   | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College  |    |                   | Address  |        |
| From   | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other  |    |                   | Address  |        |
| From   | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| <b>Attach copies of High School Diploma/GED, certifications, resume, and etc..</b> |    |                   |  |        |

| REFERENCES                           |                |
|--------------------------------------|----------------|
| <i>Please list three references.</i> |                |
| Full Name                            | Relationship   |
| Company                              | Phone (      ) |
| Address                              |                |
| Full Name                            | Relationship   |
| Company                              | Phone (      ) |
| Address                              |                |
| Full Name                            | Relationship   |
| Company                              | Phone (      ) |
| Address                              |                |

| PREVIOUS EMPLOYMENT  |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| Company  |                 | Phone (      )     |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (      )     |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company  |                 | Phone (      )     |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| <b>Provide 10 years of employment history, use back side of this page for additional space.</b>                        |                 |                    |                  |

**ADDITIONAL INFORMATION**

Have you previously been a member of the Chippewa Fire District, or any other fire service organization, rescue squad or EMS unit?

YES  
☐

NO  
☐

If yes, explain:

In your own handwriting, and in black ink, please write a summary of why you desire to become a member of the Chippewa Fire District. If there is not enough space, use the back side of this page.

**DISCLAIMER AND SIGNATURE**

I understand that I am applying for a volunteer Firefighter/1<sup>st</sup> Responder position. There is a wage of \$10.00 per call and a length of service award each year after 5 years of service to the Department and no other compensation or benefits expected or promised if offered a position as a volunteer Firefighter/1<sup>st</sup> Responder for the Chippewa Fire District.

I will follow the rules, regulations of the Chippewa Fire District; attend all meetings and training sessions. I will further complete Entry Level and Firefighter I courses and follow instructions of the officers of the Chippewa Fire District.

Signature

Date