



Union Grove - Yorkville Fire Department
Membership / Employment Application

Application Date: _____

Applying for:

FIRE _____ EMS _____

Membership _____ Employee _____

Personal Information

Last Name: _____

First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Date of Birth: _____

Email: _____

Social Security Number: _____

Education

High School

Name: _____ Address: _____

Did you graduate? Yes No Attended from _____ to _____

Special honors or awards: _____

If you did not graduate, did you receive your GED? Yes No

College or University

Name: _____ Address: _____

Did you graduate? Yes No Attended from _____ to _____

Degree: _____ Major: _____

Technical or Vocational School

Name: _____ Address: _____

Did you graduate? Yes No Attended from _____ to _____

Degree/Certification: _____ Specialty: _____

Employment

Present or Most Recent Employer

Start Date: _____

Employer: _____ Address: _____

Your Position: _____ Phone: _____

Duties: _____

May we contact? Yes No Supervisor: _____

Reason for Leaving? _____

Prior Employer

Start Date: _____ End Date: _____

Employer: _____ Address: _____

Your Position: _____ Phone: _____

Duties: _____

May we contact? Yes No Supervisor: _____

Reason for Leaving? _____

Prior Employer

Start Date: _____ End Date: _____

Employer: _____ Address: _____

Your Position: _____ Phone: _____

Duties: _____

May we contact? Yes No Supervisor: _____

Reason for Leaving? _____

Military Experience **NA** _____

Branch of Service: _____ Rank in Military: _____
Active: _____ Reserve: _____ Attended from _____ to _____
Skills/Duties: _____

Supplementary Information

Have you applied to this Department previously? Yes No If Yes, when? _____
Have you been employed by this Department previously? Yes No If Yes, when? _____
 Position held: _____ Reason for leaving? _____
Do you currently know anyone on this Department? Yes No If Yes, when? _____
Do you hold a current/valid Wisconsin driver's license? Yes No DL# _____

Personal References (Please avoid using family members)

Name: _____ Address: _____
Profession/Relationship: _____ Phone: _____ Years Known: _____

Name: _____ Address: _____
Profession/Relationship: _____ Phone: _____ Years Known: _____

Name: _____ Address: _____
Profession/Relationship: _____ Phone: _____ Years Known: _____

Please Read Carefully and Sign Below

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 accepted for membership and/or employed by the Union Grove - Yorkville Fire Department, any/all false information or statements provided made as part of this application may be considered just cause of dismissal. All information or statements made are subject to verification.
I understand and authorize the Union Grove - Yorkville Fire Department or other authorized representative bearing this release, to view and verify all aspects of my background and qualification(s) listed above.

Must be included with your application:

- _____ DHFS Background Information Disclosure Form
- _____ Review of Driving Record Certification of Violations

If licensed/certified, please included with your application:

- _____ Copy of Firefighter Certification(s) and/or EMS Licensure
- _____ Copy of additional certifications/trainings related to the position (Example: CPR/AED certification card)
- _____ Additional copies of certifications/licensures related to the position

Applicant's Signature

Date:

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 (HFS-64A) 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, HFS-64, and the Appendix, HFS-69, 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 and Family Services, a county department, a private child placing agency, school board, or DHFS 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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Union Grove – Yorkville Fire Department
Review of Driving Record / Certification of Violations, Initial & Annual

Driver Requirements: Each driver, upon initial application to the Union Grove – Yorkville Fire Department and thereafter, at least once every 12 months, shall furnish the list required in accordance with Federal Motor Carrier Safety Administration (FMCSA) Sec. 391.25, 391.27 and 383.31 of any/all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify.

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS			
Name of Driver	Driver's License Number	Expiration Date	
Address, City, State, ZIP			
I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
If you have no violations, Circle – None.			
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed in the past 12 months.			
Driver's Signature: _____		Date of this Certification: _____	

COMPLETED BY DEPARTMENT DESIGNEE – ANNUAL REVIEW OF RECORD		
Instructions: Review the Certification Violations listed above. Complete the information listed below.		
I have hereby reviewed the driving record of the above-named driver and find that he/she (check one):		
<input type="checkbox"/> Meets the minimum requirements for safe driving		
<input type="checkbox"/> Does not adequately meet satisfactory safe driving performance		
<input type="checkbox"/> Is disqualified to drive a motor vehicle pursuant to FMCSA 391.15		
Action taken with driver: _____		
Reviewed by: _____	Date: _____	Title: _____
Union Grove – Yorkville Fire Department, 700 Main Street, Union Grove, WI 53182		