Last Name	First Name	Date

TOWN OF HAYWARD FIRE DEPARTMENT

(Organized November 16, 1964)

15460 W HWY 77E HAYWARD, WI. 54843

E-Mail: thfd@cheqnet.net

Phone: 715-634-5410 FAX: 715-634-4607

FIREFIGHTER APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. Please thoroughly read through the application packet and in a complete and concise manner, answer all questions. Incomplete or illegible applications may disqualify the applicant.

Date	Social Secu	rity #	
Last name]	First name	Middle initial
Street Address			
City	State	ZIP	
Home Phone			
Cell Phone	Em	ail	-
How did you hear of thi	s position?		
When can you start?			
Date and Place of Birth_			
Who can we contact in o			
Phone Number and Add	ress		
Are you a U.S. citizen? authorized to work in th			not a U.S. citizen, are you □ No
☐ Yes ☐ No If	you answered yes	, please provide the	sarily affect your application.) nature of the offense, the date on
• • •	ons, requirements,	training and expecta	ve that may affect your ability to tions set forth in this application tails of such condition.
· · · · · ·			

Last Name	First Name		_ Date	<u>_</u>
Education				
School Nan	ne and Location	Year	Major	Degree
High School				
				<u> </u>
College				
Describe any previous fire	or emergency medical train	ing:		
List any current Fire or EM				
Dist any current 1 no of En	is commound.			
In addition to your work hi should consider?	story, are there other skills,	qualifications, or	experience	that we
				-
Do you have a valid vehicl License? □ Yes □ No	e driver's license equivalent	to a Wisconsin C	lass "D" D	Priver's
Driver's License #		S	tate Issued	
	nercial Driver's License?		asses and	what
				-

Last Name	First Name	Date
Employment History	(Start with most recent employe	er)
Company Name		
	Telephon	
	Date Ended	
Name of Supervisor		_
May we contact? ☐ Yes □		
Responsibilities		
Achievements or Promotion	15	
Reason for leaving		
Company Name		
	Tele	
	Date Ended	
Name of Supervisor		
May we contact? Yes		
Responsibilities		
Achievements or Promotion	ns	
Reason for leaving		
Company Name		
	Telepl	
	Date Ended	
May we contact? ☐ Yes ☐		
Responsibilities		
Achievements or Promotion	ns	
Reason for leaving		

complete to the best of my knowledg statements on this application shall b	s application for employment are true and ge. I understand that if I am employed, false e considered sufficient cause for dismissal. In make any investigations of my prior
I or this company can terminate the e	company is "at will," which means that either imployment relationship at any time, with or on not prohibited by statute. All employment
Signature	Date

First Name Date

Firefighter Functions

Firefighters will be expected to:

Last Name

- Fight, control, and extinguish fires using all available technology and equipment in accordance with accepted methods.
- Prevent fires through education, inspection, and any other practical, available means.
- Rescue life, prevent injury, and salvage property under crisis and threatening situations.
- Limit or prevent the escape of hazardous materials into the environment.
- Operate, repair, and maintain equipment, systems, buildings, grounds, and other items and equipment used by the Fire Department.

Last Name	First Name	Date
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Minimum Qualifications and Requirements

At time of hire, all applicants must:

- Have or are obtaining a High School Diploma, GED, or equivalent.
- Reside within a 10 mile radius of the fire station.
- Have a reliable means of transportation.
- Have a valid driver's license.
- Be willing to submit to drug testing.
- Not smoke tobacco products.
- Be willing to submit to medical assessments.
- Be 18 years of age.
- Be willing to submit to a background check.
- Be willing to meet the minimum standards for membership:
 - o Complete 20 hours of approved fire training annually.
 - o Attend 9 of 12 business meetings annually.
 - o Respond to 30 percent of all fire calls annually.

I have been made aware of and plan to qualifications and requirements of a	
Signature	Date

Last Name	First Name	- D	ate
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Town of Hayward Fire Department Application for Membership Addendum Revised 4 March 2008

The following excerpts have been taken from the Town Of Hayward Fire Department By-Laws. They are to be read and understood by everyone interested in becoming a member of this fire department.

Article IX: Membership

To become a member of the Department a candidate shall complete a membership application. An interviewing committee appointed by the Assistant Chief shall review the completed application and interview the candidate. The interviewing committee shall make a recommendation either in favor of or against the approval of the candidate at the next business meeting. If the candidate is approved by a 2/3 vote of the non-probationary members present at a regular business meeting, the candidate shall become a firefighter with probationary status.

The Firefighters shall perform the actual work for all fire department activities. The annual performance standard for firefighters shall be to attend 9 of the 12 business meetings, 30% of fire calls, and complete 20 hours of approved fire training, 16 hours of which must be in-house training.

Firefighters will have probationary status until they have met the annual performance standard for one year. Actions may be taken against a firefighter if performance is unsatisfactory, which may include termination. Such actions shall be approved by a 2/3 vote of the non-probationary members present during a regular business meeting.

First responders are firefighters who have the necessary training and the approval of the Chief to respond to emergency medical calls.

Article VI: Meetings

Last Name	First Name	Date

The second Monday of the month shall be the business meeting and shall be mandatory to attend unless excused by an officer. Monthly business is discussed and department decisions are made at this meeting. These meetings shall be governed by and conducted by Robert's Rules of Order.

In house training shall be conducted on the fourth Monday.

The remaining Mondays are regular maintenance nights, used for inspection, cleaning and maintenance of apparatus, equipment and fire hall.

THFD Expectations of a firefighter:

- Ability to fight, control, and extinguish fires and effect rescues under threatening conditions using all available technology and equipment in accordance with accepted practices, including those defined by OSHA, NFPA, ANSI, and others.
- Ability to understand, implement, and give oral instructions.
- Ability to establish good working relationships with peers and the public.
- Ability to be courageous and careful, and to use good judgment in crisis and threatening situations.
- Ability to discriminate visually and aurally in order to assess and neutralize threats during crisis and threatening situations.
- Ability to operate and maintain equipment used while performing the above job functions.
- Ability to physically perform all duties which may be assigned during emergencies as required by OSHA 1910.156.
- Ability to perform all tasks which require the use of a self-contained breathing apparatus, as recommended by ANSI Z88.5-1981 and required by OSHA 1910.134.
- Ability to climb/descend ladder with tools in hand.
- Ability to drag heavy objects such as fire and suction hoses.
- Ability to hold, control, and aim fire hose in operation under high pressure.
- Ability to perform forceful entry into a structure.
- Ability to balance while carrying a load and crossing narrow and/or high pathway.

Last Name	First Name	Date
	TRAINING	
proficient firefighter. At a m Entry Level Firefighter train This deadline may be extend To retire probationary status Fire Fighter One training. A aside from an annual 20hr m	ing within one (1) year or led due to class availabiling, all firefighters must con- lithough these are the min- inimum, all members are ing tuition approved by the ment's budget. Any men	must complete 60 hours of f being accepted as a member ty or at the Chief's discretion aplete 36 hours of Certified aimum training requirements, highly encouraged to pursue the Chief shall be reimbursed aber unsuccessfully

I, ______ (name), have read and have a full understanding of what will be expected of me as a firefighter with the Town of

Signature_____ Date ____

Hayward Fire Department.