

MANAWA RURAL FIRE DEPARTMENT
PO BOX 953
500 S. BRIDGE STREET
MANAWA, WI 54949-0953

APPLICATION FOR EMPLOYMENT

NAME _____
LAST FIRST MIDDLE

ADDRESS _____

PHONE _____ SOCIAL SECURITY _____

DATE OF BIRTH _____ AGE _____ Driver's License _____

Position applying for: Firefighter _____ EMT-IV _____ EMT _____ Driver _____

Please list all training:

Work Experience:

Employer: _____

Address: _____

Phone Number: _____ Supervisor _____

Occupation/Title: _____

Date of Employment: _____

Reason for leaving: _____

May we contact employer? Yes _____ No _____

Employer: _____

Address: _____

Phone Number: _____ Supervisor _____

Occupation/Title: _____

Date of Employment: _____

Reason for leaving: _____

May we contact employer? Yes _____ No _____

Employer: _____

Address: _____

Phone Number: _____ **Supervisor** _____

Occupation/Title: _____

Date of Employment: _____

Reason for leaving: _____

May we contact employer? Yes _____ **No** _____

Have you been convicted of a crime? Yes _____ **No** _____

If yes, what kind? _____

List medical problems or disabilities: _____

Attach copies of all certifications to this application.

Application Signature: _____

Date: _____



AUTHORIZATION FOR REALEASE OF INFORMATION

MANAWA RURAL FIRE DEPARTMENT

PO BOX 953

500 S. BRIDGE STREET

MANAWA, WI 54949-0953

PHONE (920) 596-2593

(FOR OFFICIAL USE ONLY, NOT FOR RELEASE TO UNAUTHORIZED PERSONS)

I hereby empower an employee of the Manawa Rural Fire Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies.
2. Selective Service System.
3. Any banking institution.
4. Any place of business for purpose of obtaining credit or employment data.
5. Credit rating bureaus or institutions maintaining individual credit rating files.
6. Any previous employer.
7. Present employer.
8. Any school, college, university, or other educational institution.
9. Any office, clinic, sanatorium or hospital where illnesses, injuries, and/or deterioration (physical and/or mental in nature) and diagnosed and treated.

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, 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 attempts to comply with it.

Exceptions to this blanket authorization:

1. _____
2. _____

Date

Signature (full name)

Address

City, State

Date of Birth

Place of Birth, City

