



**GENERAL**

Subjects of Special Study or Research Work

Special Training

Special Skills

**SERVICE RECORD**

Branch of Service

Discharge Date

Rank

Present Membership in  
National Guard or Reserves

Date Obligation Ends

**PREVIOUS EMPLOYMENT** (List below the last three employers, starting with the last one first)

Name of Present or Previous Employer

Job Title

Street Address

City, State, ZIP

Starting Date (Month &amp; Year)

Leaving Date (Month &amp; Year)

Starting Salary \$

Final Salary \$

Name &amp; Title of Supervisor

Phone

May we contact your current or previous supervisor for a reference?  Yes  No

Description of Work

Reason for Leaving

Name of Employer

Job Title

Street Address

City, State, ZIP

Starting Date (Month &amp; Year)

Leaving Date (Month &amp; Year)

Starting Salary \$

Final Salary \$

Name &amp; Title of Supervisor

Phone

May we contact your previous supervisor for a reference?  Yes  No

Description of Work

Reason for Leaving

Name of Employer	Job Title
Street Address	City, State, ZIP
Starting Date (Month & Year)	Leaving Date (Month & Year)
Starting Salary \$	Final Salary \$
Name & Title of Supervisor	Phone
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work	
Reason for Leaving	

<b>REFERENCES</b> (Give below the names of three persons not related to you, whom you have known at least one year)			
Name	Address	Phone Number	Years Acquainted

**SPECIAL QUESTIONS**

**DO NOT** answer **ANY** of the questions in this framed area unless the employer has **checked  a box preceding** a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national Security Laws, or is needed for other legally permissible reasons.

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches  Date of Birth\* \_\_\_\_\_

Weight \_\_\_\_\_  Are you a U.S. Citizen?  Yes  No

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

What foreign languages do you speak fluently? \_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years?  Yes  No

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may be required to take one or more:

Lie Detector;  Physical examination, drug or other test(s) as a condition of hiring, or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

Yes  No

I have been advised that lie detectors test, as a condition of hiring or continued employment, are prohibited by law.  Yes  No

\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

If I am considered to be a final candidate for this position, I understand that City records revealing my name will be open to the public for inspection.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date

Signature

**ADDITIONAL QUESTIONS FOR FIREFIGHTER APPLICATIONS**

Have you ever worked as a Firefighter before?  Yes  No

If yes, provide name of supervisor.

Supervisor's Phone

Are you currently employed as a Firefighter?  Yes  No

If yes, provide name of supervisor.

Supervisor's Phone

## BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

### CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

### THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

### THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

### FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

### PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

### 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 (F-82064A) 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, F-82064, and the Appendix, F-82069, 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 Street, City, State, ZIP Code				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 <b>Yes</b> , 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 <sup>th</sup> 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b> ? > If <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , 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 <b>Yes</b> , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? > If <b>Yes</b> , 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 Services, a county department, a private child placing agency, school board, or DHS designated tribe? > If <b>Yes</b> , 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 DHS 12.05 (4), Wis. Adm. Code.

<b>SIGNATURE</b>	Date Signed
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# City of Mayville

## POLICE AND FIRE COMMISSION

P.O. Box 273 • 15 S. School St. • Mayville, Wisconsin 53050  
Telephone: (414) 387-7900 • FAX: (414) 387-7919



### APPROVAL FORM FOR LEAVE OF WORK FOR FIRE DEPARTMENT PERSONNEL

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name) (Supervisory Title)

of \_\_\_\_\_  
(Company)

do hereby approve that \_\_\_\_\_,  
(Employee)

is allowed to leave work should the Mayville Fire Department be called out to  
assist in an emergency situation for the City of Mayville.

\_\_\_\_\_  
(Signature of Supervisor)

## **CITY OF MAYVILLE POSITION DESCRIPTION**

**POSITION TITLE:** Fire Fighter

**DATE:** September 2003

**REPORTS TO:** Fire Captain

**JOB PURPOSE:** Combats, extinguishes and prevents fires.

**DUTIES & RESPONSIBILITIES:** The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive and other duties may be required and assigned.

Responds to fire alarms and other emergency calls.

Assists in controlling and extinguishing fires by initiating and directing water or chemicals onto fire.

Positions, raises and climbs ladders to gain access to upper levels of buildings or to assist individuals.

Creates openings in structures for ventilation or entrance.

Protects property from water and smoke damage.

Administers first aid to injured persons.

Performs salvage operations.

Participates in fire drills for occupants of buildings. (Fire Inspectors)

Participates in fire prevention programs and projects.

Attends all meetings, practices and extra functions for the fire department.

Firefighters will be on probation for a period of one year from the date he/she starts with the department, however, probation can be extended upon the request of the fire chief and/or the Police & Fire Commission.

**POSITION QUALIFICATIONS:** A high school diploma and completion of standard basic recruit training courses or enrollment in an "Entry Level Firefighter" Class within the first 12 months in the department are required. Class may be taken without certification if prerequisites are met. Must possess a valid State of Wisconsin drivers license. Must reside within the corporate limits of the City of Mayville. Candidate must be clean shaven.

**DESIRABLE KNOWLEDGE AND ABILITIES:** Knowledge of the laws and regulations pertaining to the Fire Department. Knowledge of the statutes relating to fire prevention. Knowledge of first aid principles and equipment. Knowledge of tactics, techniques and equipment commonly used to contain and extinguish fires. Knowledge of flammable liquids and chemicals. Ability to perform prolonged work under adverse conditions. Ability to react quickly and calmly in emergencies. Ability to establish and maintain effective working relationships with other workers, the public, other City officials; or any combination of qualifications, knowledge and abilities that yield the necessary qualities to perform the required job duties.

**SUPERVISION/DECISION MAKING:** Does not supervise others. Receives general supervision and works alone on routine work from standard practices and procedures. Decisions affect the entire department.

**INTERACTION:** Frequent inside and outside contacts other than with co-workers, immediate supervisor and taxpayers. Contacts involve matters involving corrections or adjustments where some tact is essential to resolve minor problems.