

Town of Buchanan

N178 County Road N
Appleton, WI 54915
(920) 734-8599
www.townofbuchanan.org

Fire & Rescue

Application & Information Packet

BUCHANAN



FIRE RESCUE

Town of Buchanan Fire & Rescue Application and Information Packet

Buchanan Fire & Rescue is a volunteer department currently served by approximately 30 volunteer firefighters. The Department typically responds to 70-100 calls for service in a year. Calls and services include a variety of requests including, but not limited to, vehicle extrication, water rescue, vehicle and structure fires, gas leaks, accident clean up, carbon monoxide alarms, EMS assistance, fire code inspections and fire prevention education. The Department also responds to requests from our neighboring communities for "mutual aid" which is assistance that we provide for each other when the need for additional personnel or fire apparatus is needed.

The following are some desirable qualities in a firefighter as well as some of the required qualifications:

Qualifications

- United States citizen
- 18 years of age
- Possess a valid Wisconsin driver's license
- Good mental and physical health
- Meet residency requirements as required by Department bylaws

Qualities

- Motivated to serve your community
- Ability to exercise sound judgment
- Effective communication skills
- Ability to work as a team member
- Desire to work hard
- Honesty and integrity

If accepted to the Department, you will be required to attend and pass the State of Wisconsin Firefighter training course within one year of acceptance. You will be required to follow and comply with all Department approved bylaws and standard operating guidelines which include attending a mandatory number of drills to remain in good standing with the Department.

Any questions regarding Buchanan Fire & Rescue, requirements or the application can be directed to the Town of Buchanan Fire Chief at 734-8599.



“In the Spirit of Town Government”

TOWN OF BUCHANAN FIRE & RESCUE APPLICATION

N178 CTH N

Appleton, WI 54915

Phone: 920-734-8599 Fax: 920-734-9733 Web: www.townofbuchanan.org

Town of Buchanan in an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

INSTRUCTIONS - Please read carefully:

- 1. You must fully and accurately complete the Application.
2. Applicants who need assistance in filling out the application should contact the Town Hall.

NAME DAYTIME PHONE

ADDRESS (STREET) EVENING PHONE

(CITY, STATE, ZIP CODE) CELL PHONE

SOC. SEC. # E-MAIL ADDRESS

BIRTHDATE

Are you a U.S. citizen? [] Yes [] No
Have you ever been convicted of a felony? [] Yes [] No

If yes, please Explain:

Are you available the first, second and third Monday night of each month at 6:30 pm for training? [] Yes [] No

EDUCATION

DID YOU GRADUATE HIGH SCHOOL? [] Yes [] No

If you have not received a high school diploma, have you passed a high school equivalency or GED test? [] Yes [] No

Describe any education, training, skills or qualifications that may be beneficial to the Fire Department.

PHYSICAL ABILITIES

Do you have any of the following conditions. Heart Disease [] Yes [] No
Epilepsy [] Yes [] No
Emphysema [] Yes [] No

Describe any physical disabilities, limitations or restrictions which may interfere with the position of firefighter.

EMPLOYMENT HISTORY

List your current or most recent WORK experience (paid or volunteer).

Position Held _____ Position Description _____

Employer _____ Address _____ Phone _____

Hours Normally Worked _____

Can you Leave your Place of Employment for a Fire Call Yes No

Supervisor _____ Dates of Employment: From: _____ To: _____

May we contact this employer? Yes No

List any other relevant job experiences or qualifications: _____

Do you have a valid Drivers License? Yes No Drivers License # _____

Do you have a valid CDL? Yes No CDL License # _____

EMERGENCY CONTACTS

NAME	PHONE OR CELL NUMBER	RELATIONSHIP TO YOU
1		
2		

REFERENCES: GIVE THE NAMES OF TWO PEOPLE, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR THAT WE MAY CONTACT

NAME	DAYTIME PHONE OR CELL NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED
1			
2			

AUTHORIZATION AND RELEASE

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that my application will not be given further consideration if I have provided any false statements or omissions during the application process. I also understand that if I am employed, any false statements or omissions can lead to immediate dismissal, and I agree that the Town shall not be held liable in any respect if my employment is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history. I authorize the companies, schools, and any persons named in this application to give any information requested regarding my employment, character, and qualifications, and I release, hold harmless and agree to indemnify the Town and the companies, schools, and persons from or for any liability related to the release of or the failure to release any information. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that employment may be conditioned upon the results of a physical or mental examination and my cooperation in such process.

(Signature)

(Date)