Application For Employment

Poynette – Dekorra Fire Protection District
606 Water Tower Rd.
Poynette, Wisconsin 53955
Phone: 608-635-4466 • Email: recruiting@pdfd.net

Please complete this application to the best of your ability. Please print legibly. For assistance or accommodation in completing this application, please use the contact information above.

Personal Information

Your Full Legal Name: _____

Your Preferred Name: _____

Other names previously used: _____

Address: _____

Phone: _____ Email: _____

Referred to by: _____

Have you ever applied with us before? Yes ☐ No ☐

Have you been employed with us before? Yes ☐ No ☐

Are you legally eligible to work in the U.S. Yes ☐ No ☐

Are you at least 18 years of age? Yes ☐ No ☐

Do you possess a valid driver's license? Yes ☐ No ☐

Do you possess a valid CDL? Yes ☐ No ☐

If you do possess a valid CDL, what class? _____

Do you possess a high school diploma or HSED? Yes ☐ No ☐

Are you interested in … Fire ☐ EMS ☐ Both ☐

Education & Training

Level	Name & Location of Institute	Subjects Studied	# of Years Attended	Did you graduate or obtain certification?
High School				
College				
Other				
Other				

Work Experience & Previous Employers

This information will only be used where relevant and to assist in determining what position might be appropriate for consideration. Please complete the following information starting with your current or most recent employer. Be as specific as possible. Include any self-employment, volunteer, or military service.

Employer Name:	Location:
Supervisor's Name:	Employer Contact Number:
Start Date:	End Date:
Reason For Leaving:	Did You Give Notice?
Description Of Duties:	

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Supervisor's Name:	Employer Contact Number:
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Start Date:	End Date:
Reason For Leaving:	Did You Give Notice?
Description Of Duties:	

Professional References

It is our policy to check references on all candidates for employment. Please provide at least three professional references who we may contact to verify employment information.

May we contact your current employer? Yes ☐ No ☐

Name	Phone	Email	Relationship

Certification & Agreement

I certify that all information on the application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me or material omissions of information requested of me may result in the rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to Poynette – Dekorra Fire Protection District to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims any person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

I understand that employment with Poynette – Dekorra Fire Protection District is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph are expressly disavowed and revoked by Poynette – Dekorra Fire Protection District and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Your Signature: _____ Date Signed: _____