

Employment Application



Pro-Tec Fire Services, Ltd.
 3433 West College Avenue
 Appleton, WI 54914
 Phone (920) 494-8851
 Fax (920) 494-5384
 800-242-6352
 www.protectfire.com

We do not discriminate based on race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. We participate in E-verify with the federal government to confirm you are authorized to work in the U.S.	Date: _____ Location you are applying at: _____
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Position(s) you're applying for:

Fire Chief	Deputy Chief	Assistant Chief	
Captain	Lieutenant	Firefighter	
Airline Ops	Public Safety Officer	Other _____	

Please Print

Full Name: _____

Last name
First name
Full Middle name

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Date Available to Start: _____ Salary Desired: _____ yr _____ hr

Have you ever worked for this company? Yes No If yes, when and where? _____

Are you at least 18 years of age? (21 years of age for Medford, Oregon) Yes No _____

Are you legally authorized to work in the United States? Yes No _____

Are you currently employed? Yes No May we contact your current employer? Yes No _____

Type of employment desired: Full-Time Part-Time _____

Will you work additional time during the week if necessary? Yes No Can you travel if the job requires it? Yes No _____

EDUCATION				
	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Other				

EMPLOYMENT EXPERIENCE

Begin with your most recent job and list all employers for the last seven (7) years, including part-time.
If there are gaps in employment (receiving unemployment, education, etc.) use lines below work history to explain each gap.

Dates of Employment: From _____ To _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Employment Gaps:

PROFESSIONAL REFERENCES

Include only references familiar with your work capabilities

Full Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Phone: _____

Full Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Phone: _____

Full Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Phone: _____

SPECIALIZED SKILLS

Indicate the number of years in the space provided that is applicable to Skills/Experience, Certifications, licenses, Equipment Operated:

ARFF Experience Military # None Total No. Of Years Experience: _____
Branch of Military Served: _____ No. of Years in Military: _____

FF Certifications: FF1 Airport FF Fire Officer 2 None
 FF2 Fire Officer 1 Instructor Other _____

Structural FF Exp: Paid Dept. Volunteer Dept. None No. of Years _____

HAZMAT Cert: Awareness Operational Technician None Other _____

Rescue Exp.: Jaws High Angle Water Confined Space

EMS: 1st Responder No. of years _____ CPR No. of years _____ EMT - B No. of years _____
 Current Yes No Current Yes No Current Yes No

 EMT - P No. of years _____ None Other _____
 Current Yes No

Miscellaneous: Valid Drivers License Yes No State _____
 Class B Drivers License Yes No State _____
 Inoculation Hepatitis B Yes No Hep B Vaccination Date: _____

List other qualifications you feel are relevant to the job for which you are applying:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the requirements of this job with or without reasonable accommodation? YES NO

Applicant's Full name (printed): _____

Signature of Applicant: _____ Date: _____