

APPLICATION FOR INTERNSHIP

TOWN OF MADISON FIRE DEPT.
 2120 Fish Hatchery Road
 Madison, WI 53713
 (608) 210-7261

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
How Did You Learn About Us?			
Advertisement	Relative	Inquiry	
Employment Agency	Friend	Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: : ^{AM} ^{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date

Have you ever been employed with us before? Yes No
 If Yes, give date

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ____/____/____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

ADDITIONAL INFORMATION

Qualifications

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

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes ___ No ___

REFERENCES

- | | | |
|---------|-----|---------|
| 1. | () | Phone # |
| (Name) | | |
| Address | | |
| 2. | () | Phone # |
| (Name) | | |
| Address | | |
| 3. | () | Phone # |
| (Name) | | |
| Address | | |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME AND TITLE

DATE