



OXFORD FIRE DISTRICT

APPLICATION FOR MEMBERSHIP

PO Box 221
W8593 St. Rd. 82
Oxford, WI 53952

(608) 586-5882 | VOICE
OFD@maqs.net | E-mail
(608) 586-5882 | Fax

www.OxfordFireRescue.org

Overview

The Oxford Fire District is made up of a 35 member volunteer fire department and a six member Fire Commission made up from Board members elected to the Village of Oxford, Township of Jackson and the Township of Oxford and a Commission appointed Secretary/Treasurer. These municipalities entail 75 square miles that we provide emergency services for. We also provide Mutual Aid with area departments and provide Hazardous Material Response for Marquette County and part of Adams County.

Services provided by our members include: Structural fire suppression, wildland fire suppression, vehicle/machinery extrication, water rescue, rope rescue, first response for Emergency Medical calls, fire prevention programs, fire inspections for occupied commercial buildings, and we house the Marquette County's Hazardous Material Team. Many of our members are cross trained and also work with Marquette County EMS that provides Advanced Life Support that has one ambulance run out of our station.

Aside from the Fire District, we have Oxford Fire Department Inc. This is comprised of the Firefighters and we do various fundraisers that continually allow us to update our equipment and gear. We meet and hold our business meetings on the 2nd Thursday of the month and have training on the fourth Thursday of the month. Throughout the year we will hold various voluntary training exercises that are held on a weekend or weeknight with plenty of advanced notice to our members.

We have four levels of membership: Probationary, Active, Reserve and Retired. The details are explained in our by-laws that you will be asked to read and sign.

Below are 10 Commandments that we ask our members to live by:

- 1. Every firefighter has a right to feel safe in their environment.**
- 2. Every firefighter has a right to expect fair treatment.**
- 3. Every firefighter has a right to expect honesty from their department.**
- 4. Every firefighter has an obligation to care for their fellow firefighters.**
- 5. Every firefighter has an obligation to train diligently, both as an individual and as a team member.**
- 6. Every firefighter has a right to expect well-trained and capable leadership.**
- 7. Every firefighter shall owe a duty to the Chain of Command.**
- 8. Every firefighter's words must serve as their bond.**
- 9. Every firefighter shall owe a debt of service to the people that they have sworn to protect.**
- 10. No firefighter shall expect any special benefit or privilege because of the gift of service they give to their community.**

Please fill out the application to the best of your ability and feel free to ask any of our members' any questions that you may have.



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The Oxford Fire District is committed to providing an equal opportunity membership to all persons. Assistance in reviewing the opportunities and completing this employment application will be provided to persons with disabilities upon request.

GENERAL

Department/Position desired _____

INFORMATION

How did you hear of this vacancy? _____

First Name _____ Last Name _____

Mailing Address _____

City/Town _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Date of Birth _____

Cadet Applicants **ONLY**: Are you at least 16 years of age? Yes No

WI Drivers License # _____ Social Security# _____

EDUCATION

Circle the number corresponding to the highest level of education completed:

ELEMENTARY - HIGH SCHOOL **COLLEGE** **GRADUATE SCHOOL**

8 9 10 11 12 1 2 3 4 1 2 3 4

GED (list granting agency) _____

List in reverse order (present or most recent first) all schools attended (colleges/universities, technical training institutions, vocational/trade schools, and high schools)

NAME OF SCHOOL CITY/TOWN & STATE MAJOR(S) DEGREE

SKILLS

Other Certifications or Licenses: _____

List any specialized training you have received related to Emergency Services:

List machines/equipment you are trained to operate and any special skills you have related to the position(s) for which you are applying. (First Aid, Firefighting, EMS, Heavy Equipment Operating, etc.) _____

**WORK
EXPERIENCE**

Describe below all previous work experience (including unpaid experience) in reverse chronological order (present or most recent employment first). **Include any information not listed on your resume.**

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Hours/week: _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

Name of Employer: _____

Address: _____

Your job title: _____

Supervisor (name & title): _____

Employed From (month/year): _____ To (month/year): _____

Reason for leaving: _____

May we contact this employer: Yes No Phone: _____

Summary of your duties and responsibilities: _____

**ADDITIONAL
INFORMATION**

1. Are you authorized to work in the United States? Yes No
2. In the past ten (10) years, have you been convicted, placed on probation, or under supervision for any violation of law? Yes No
If yes, please explain, including the basis, the date, and any circumstances contributing to rehabilitation. (A record of a conviction is not an automatic bar to membership).

3. Do you have reliable transportation? Yes No
The position you are applying for requires you to travel locally, do you hold a driver's license or have another way to access prompt, reliable transportation?
 Not Applicable Yes No
4. Do you have a valid Commercial Driver's License (CDL)? Yes No
5. Have you been disciplined or discharged by a former employer for conduct involving any type of dishonesty, ethical misconduct or violent behavior in the last 15 years?
If yes, please attach an explanation. Yes No
6. Have you been a member of another Emergency Service? Yes No
If yes, identify department and dates of employment. _____

Reason for leaving? _____

7. I understand that in making this application, the District may be contacting my references and/or prior employers. I have I have not signed the attached release regarding my prior employment and references. I understand that if the District is unable to communicate with my references or prior employers due to my conduct, it may affect my opportunity for employment. (Please attach an explanation if there are extenuating circumstances you feel the District should know.).
8. I understand that if the position for which I am applying includes work with individuals or groups who are recognized as vulnerable, such as children, the elderly, or mentally disabled and is physically demanding, I may be subject to background, record and physical checks which I must pass prior to full membership.
9. I understand that if I accept membership with the District, as a result of my membership, I may receive District owned property to fulfill my membership obligations. At the time my membership with the District ends, I shall immediately return to the District all of its property. If I fail to do this, the District will hold me liable the cost of such District owned property.
10. If I am hired by the District, I understand that the Oxford Fire District's Bylaws and Standard Operating Guidelines, as they may be changed in the future, shall be applicable to me and I shall read both and comply with their provisions during my membership.
11. I hereby certify that this form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation discloses misrepresentation or falsification, my application may be rejected, my name removed from the applicant list, and if already a member, I may be dismissed from District service, and I may be disqualified from applying in the future for any District position.

Signed: _____ Date: _____

The Oxford Fire District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age or disability, or any other characteristic protected by law in membership or the provision of services.

TO APPLICANT: All applications for membership are kept in the Districts general application file for ONE YEAR.



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APPLICANT NAME (OPTIONAL) _____

EQUAL MEMBERSHIP OPPORTUNITY

The Oxford Fire District is committed to providing Equal Membership Opportunity to all persons without regard to political affiliation, race, color, religion, sex, sexual preference, national origin, disability or any other non-merit factor, or age as defined by Federal and state law. In order to evaluate the effectiveness of our recruitment efforts, the following information is requested on a *voluntary basis*.

The following information will be kept strictly confidential and will not adversely impact your opportunities for employment.

GENDER:

Male Female

RACIAL OR ETHNIC GROUP:

- Native American American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification.
- Asian/Pacific Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands (e.x., China, Japan, Korea and Samoa).
- Black Persons having origins in the black racial groups of Africa not of Hispanic origin.
- Hispanic Persons having origins in Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race.
- White Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

INDIVIDUAL WITH A DISABILITY

“An individual with a disability” means any natural person who (A) has a disability which substantially limits one or more major life activities; (B) has a history or record of such impairment; or (C) is regarded as having such impairment.

Do you have a disability?

Yes No

VETERAN STATUS

Branch of Military Service _____

Type of Discharge

Honorable General Medical
 Dishonorable Other

Dates: From ____ / ____ / ____ To ____ / ____ / ____

Did you serve in the **National Guard/Reserve**?

Yes No

Did you serve more than **180 days of Active Duty**?

Yes No

Have you served in a **Hostile Fire Area**?

Yes No

If Yes, where? _____

Do you have a **Disability**?

Yes No

If Yes, what Percentage? ____ %

Signature: (Optional) _____ Date: _____



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RELEASE AND AUTHORIZATION

TO OBTAIN EMPLOYMENT INFORMATION

This release authorizes persons whom I have listed as references and/or my previous employers to furnish to and discuss with the Command staff from the Oxford Fire District any and all information which may be requested regarding my prior employment or fitness for employment, to include a copy of my personnel records of files.

I waive any claims to privacy or confidentiality regarding the disclosure of or discussion of my prior employment. I release the Oxford Fire District and its representatives and the individual references that I have listed as well as the representatives of my previous employers from any claims related to the release or discussion of my employment information or information relevant to employment so long as the information released by my references and prior employers is truthful.

Name (Signed)

(Printed name)

Date

