

MINIMUM QUALIFICATIONS FOR MEMBERSHIP ON THE FIRE DEPARTMENT

Probationary Membership: Candidates must be United States citizens. Have a high school diploma or equivalent. Attained their 18th birthday at the time of application. Have or be able to obtain a valid Wisconsin driver's license with good driving record. Must have a working telephone. Have no physical, mental, or emotional condition, which could adversely affect their ability to perform the essential duties of the job. Vision in each eye must be correctable to 20/20. No loss of hearing within normal voice range. Speak and understand the English language. Have no criminal conviction substantially related to the job. Must agree to a background check. Candidates will be required to pass physical ability test, and an oral interview. People selected for probationary membership shall be required to pass the department medical exam. Probationary members will be expected to have;

1. The ability to climb ladders and work at considerable heights, and also work well below grade in dark, confined spaces.
2. The ability to learn a wide variety of fire-fighting duties and methods within a reasonable period of time.
3. The ability to learn to, and assist the EMTs with patient care.
4. The ability to understand and follow oral and written instructions.
5. Good health and strength sufficient to perform arduous work, and motivation to maintain personal fitness and wellness.
6. A positive mental attitude with the desire and motivation to achieve a higher position on the department through attendance at classes, training, and meetings.

The probationary member shall have not less than six 6 months nor more than twenty-four 24 months to become a regular member. Failure to meet the requirements for regular membership within twenty-four 24 months shall subject the employee to termination. *The only exception to this is if the probationary member has spent a considerable amount of time taking EMS related training.* During the probationary period the probationary member may be removed with cause, subject to the review of the Fire Commission.

Regular Membership: Requirements for regular membership are as follows

1. Have six 6 months on the department.
2. Complete the department familiarization check-off book. (within the first six 6 months)
3. Obtain or have Wisconsin Firefighter I Certification, or equivalent to be approved by the chief.
4. Make, or be excused by an officer, all trainings and meetings during probationary period.
5. Make 50% of available fire calls. *This number may be adjusted if the member is going to school for fire or rescue related courses during his/her probationary period.*
6. Must receive a positive evaluation from his/her assigned officer for every six (6) month period on probation.

Approval of the Fire Commission.

**Town Of Somers
Background Investigations
Waiver and Liability Release**

In consideration of the Town of Somers, Wisconsin processing my application for employment, I, _____ do hereby irrevocably agree to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Town of Somers, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Somers or any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions to the Town of Somers as part of my background investigation.
5. I authorize any person or entity contacted by the Town of Somers, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Town of Somers. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

| | |
|--|------------------------|
| Full Name | Date of Birth |
| Current Address | Social Security Number |
| City State Zip | Drivers License Number |
| Signature | Date |