



Village of Biron Fire Department Application



PERSONAL									
Last			First				Middle		
Street Address					City/Town			State	Zip
Email									
Telephone Number (Day) (Evening) (Cell)									
Social Security Number			Date of Birth		Age	Sex	U.S. Citizen Yes No		Place of Birth
Occupation									
Name and Address of Current Employer									
Valid Drivers License? Yes No		License Number			State	Expiration		Restrictions	
MEDICAL									
Height	Weight	Blood Type							
Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disabilities? If so, please describe.									
Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, etc? If so, please describe									
Have you had any serious illnesses or injuries in the last five years? If so, please describe and give any work limitations.									
Have you ever had any of the following issues:									
Heart		Allergies		Diabetes					
Claustrophobia		Epilepsy		Fear of Heights					
High Blood Pressure		Hernia		Other Issues					
EMERGENCY CONTACT									
Name					Relationship				
Telephone									
(Day)			(Eve)				(Cell)		
FIRE SERVICE (you may include volunteer positions)									
Are you, or have you ever been, a member of the Village of Biron Fire Department?					If yes, dates of service.				
Yes No									
Are you currently a member of a fire/rescue department?					Name and Address of Department				
No Fire Rescue Both									
Select the areas in which you are currently trained or certified.									
<input type="checkbox"/> CPR/AED/1 st Aid		<input type="checkbox"/> Entry Level Firefighter		<input type="checkbox"/> Firefighter I		<input type="checkbox"/> Firefighter II		<input type="checkbox"/> Driver/Operator	



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EDUCATION

	Name and Address	Graduated	Number of Years Attended	Degree	Major
High School		Yes No			
College		Yes No			
Other		Yes No			

CRIMINAL AND DRIVERS RECORD

I allow the Village of Biron Fire Department to run a criminal background check and driver's record check via the Wood County Sheriff's Department and/or the Wisconsin Department of Justice. I understand that these checks will be done to consider my employability with the Village of Biron Fire Department.

I hereby release any individual or institutions, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or attempts to comply with it.

Applicants Signature: _____

Date: _____

CONSTITUTION AND BYLAWS

Article II, Section 8 States:

Any member leaving the Biron Fire Department within five (5) years of joining shall reimburse the Department for all education, training, and miscellaneous fees paid by this organization on the member's behalf. Members are not required to reimburse the Department in the event they leave the Department due to health reasons, relocation to another home or for other legitimate reasons as approved by the Fire Chief. Members accept the obligation to repay the cost to the Fire Department upon acceptance of a position with the Department.

Applicants Signature: _____

Date: _____

Please Read Carefully

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the Biron Fire Department. I understand that the Department meets the 1st and 3rd Monday of each month at 6pm and I am required to complete Firefighter Training, paid by the department, from the Wisconsin Technical College System within 1 year of being accepted to the Department.

Signature of Applicant

Date