

Clyman Fire Department Clyman, WI

APPLICATION FOR MEMBERSHIP

The undersigned hereby presents this application for enrollment as a member of the Clyman Fire Department.

Name:		
Name: First	Middle	Last
Address:		
Date of Birth:		Age:
Phone No:	Cell No:	
Length of residence within fire district:_		
General Physical Condition:		
Please list any limitations:		
What percentage of time will you be av	ailable for daytime alarms?	
Any previous fire department experienc	ce? If so, plea	se explain
Driver's License No		
Do you have a valid driver's license?		
Have you ever been convicted of the fo	llowing:	
Traffic Citation Mi	sdemeanor F	elony
f so, please explain and include date o	of conviction:	
Have you had any contact with law enfo	orcement within the last year?	
If so, please explain:		
If voted a member of the Clyman Fire Department, and to attend all school Department. Please initial:	oling required by the State of Wisc	le by the Constitution and By-laws of onsin and the Clyman Fire
Date:		
	Signature of Applicant	
Application sponsored by:		