

Tess Corners Volunteer Fire Department

Application for Membership as a Firefighter and/or EMS Member

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA(not applicable). Applications, which are incomplete or illegible, will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

1. Personal Information

Name in Full(last, First, Middle)	Social Security Number
Address	Home Telephone Number
City State Zip Code	Work Telephone Number

E-mail Address _____

Circle your answer.

Are you over the age of 18? Yes No

Are you a United States Citizen? Yes No

Do you have a valid Wisconsin driver's license? Yes No

Do you have a valid driver's license from another State? Yes No

Do you have any restrictions on your driver's license? Yes No

Please list any endorsements to your drivers license..

Driver license number _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Can you perform the duties of a firefighter/EMT as described in the job description set forth in the application for firefighter/EMT? Yes No

2. Education

Name of school	Circle last year completed	Major course of study	Diploma or degree
High School	7 8 9 10 11 12		
College	1 2 3 4 5 6		
Business/Trade School	months attended:		
Graduate school			

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

3. Employment

Begin with current or most recent employer. List chronologically all employment, including summer and part time employment while attending school. All time must be accounted for. If unemployed for a period, provide dates. To furnish additional employment information, attach sheets of the same size.

Name and Address of Employer	Dates	Position and Kind of work
Name Street City, State Supervisors Name/Telephone	<u>Dates</u> From To Full Time Part Time	Reason for Leaving
Name Street City, State Supervisors Name/Telephone	<u>Dates</u> From To Full Time Part Time	Reason for Leaving
Name Street City, State Supervisors Name/Telephone	<u>Dates</u> From To Full Time Part Time	Reason for Leaving

Have you ever been terminated or laid off from a job? Yes No
 If yes please attach a separate sheet giving full information.

List chronologically all residences in the past 5 years.

Address of Residence	Dates
Street City, State	<u>Dates</u> From To Reason for moving:
Street City, State	<u>Dates</u> From To Reason for moving:
Street City, State	<u>Dates</u> From To Reason for moving:

Are you or have you been a member of another volunteer fire department? Yes No
 If yes name of department-_____

4. Military Service

Branch of service	Month/year served	Active duty or reserve	Highest Grade	Skill Specialty or primary duty
-------------------	-------------------	------------------------	---------------	---------------------------------

CERTIFICATION

All Information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge. I also, by signing below, give permission to the Tess Corners Volunteer Fire Department, it's agents or representatives, at any time to obtain my motor vehicle record(s), back round checks provided by the State of Wisconsin Department of Justice or any other source that the said employer deems creditable and share the information on my record(s) with my current or potential employer. I understand it is part of underwriting or employment requirements.

I understand that if I am employed, false information provided or false statements made as part of this application may be considered as cause for dismissal.

Applicant's Signature:

Date Signed:

The Tess Corners Volunteer Fire Department requires that you provide the department with a current copy of your driving record. You may obtain a copy of your record by going on line and log into: www.dot.wisconsin.gov go to online services, and choose "Request your driver record"

You can call the Department of transportation at: 1-608-266-2353 if you have any questions

Wisconsin Department of Transportation
Customer Service Unit
P.O. Box 7995
Madison, WI 53707-7995

The copy of your driving record must accompany this application along with a copy of your auto insurance policy. The applicant pays all fees. The membership committee will not review your application until all of the information is received.