



MT. CALVARY FIRE DEPARTMENT

MEMBERSHIP APPLICATION

999 Fond du Lac Street; Mt. Calvary, WI 54935

Phone: 920-753-4691

Name: (Last)	(First)	(M.I.)	Home Phone:
Address: (Street)		(Apt. #)	Business Phone:
(City)		(State)	(Zip)
			May we contact you at this # <input type="checkbox"/> Yes <input type="checkbox"/> No
			Social Security #:

List any other names you have been known by:

Are you at least 18 years of age? Yes No

Do you possess a valid Driver's License? Yes No

Number: _____ State Issued: _____

Do you possess a valid Commercial Driver's License? Yes No

Do you have access to a licensed vehicle? Yes No

Do you currently have a pending criminal charge against you and /or have you ever been convicted of a crime, either misdemeanor or felony? Yes No If yes, please explain:

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to membership and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the organization deems there is a bona fide restriction qualification inherent in the position which requires this information prior to membership.

Person to be notified in case of emergency:

Name: _____ Relationship: _____ Telephone: _____

Address: _____

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? Yes No

Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? Yes No

Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College, University, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year)		Major Field	Type of Degree (if Received)
	From	To		

SPECIAL SKILLS OR QUALIFICATIONS

Any previous **Firefighter/EMS** qualifications:

<input type="checkbox"/> Yes <input type="checkbox"/> No	FireFighter I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Officer
<input type="checkbox"/> Yes <input type="checkbox"/> No	FireFighter II	<input type="checkbox"/> Yes <input type="checkbox"/> No	CPR
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pump Engineer	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Responder
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Officer	<input type="checkbox"/> Yes <input type="checkbox"/> No	EMT license if yes, level: _____

List special skills you possess (i.e. Carpentry, Mechanical, Electrical, Computer etc.)

Reference

List persons who are familiar with your qualifications and background: (Not relatives or present employer, fellow employees or school teachers.) Individuals must be responsible adults who have known you personally for at least three years.

Name	Telephone	Nature of Relationship
1.		
2.		
3.		

EMPLOYMENT RECORD

Name of Employer:	Phone:	Dates of Employment: From: _____ To: _____
Address:	Supervisor:	
Reason for Leaving or Considering Change:	Job Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part time		
Description/ Duties:		

Name of Employer:	Phone:	Dates of Employment: From: _____ To: _____
Address:	Supervisor:	
Reason for Leaving or Considering Change:	Job Title:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part time		
Description/ Duties:		

PLEASE READ CAREFULLY BEFORE SIGNING

The undersigned is the person named in the foregoing application; I have read and made a complete answer to each question: my answers in each instance are true and correct; contain no misrepresentations, omissions or falsifications, and are complete. I understand that if any of the information contained in any of the foregoing answers contains any misrepresentations or falsifications or if any material information has been omitted, the same shall be deemed and agreed to be sufficient cause for non-selection or dismissal if selection has occurred.

Signature of Applicant	Date