

CALUMET FIRE DEPARTMENT
MEMBERSHIP APPLICATION
W3118 CTY W - MALONE, WI 53049

Phone: (920)795-4500 Fax: (920)795-1440

Name: (Last)	(First)	(M.I.)	Home Phone:
Address: (Street)		(Apt.#)	Cell/Work Phone:
(City)	(State)	(Zip Code)	Social Security #:
List any other names you have been known by:			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth Date:	
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number: _____ State: _____	
Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have access to a licensed vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
<small>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.</small>			
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: University, or other schools you attended:

Name/Location of School:	Dates (month/year)		Major Field	Type of Degree (if received)
	From	To		

SPECIAL SKILLS OR QUALIFICATIONS

Any previous **Firefighting / EMS** qualifications:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Fighter I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Officer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Fighter 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.)

REFERENCES

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

Name:	Telephone:	Relationship:
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1		
2		
3		

EMPLOYMENT RECORD

Employer:	Phone:	Dates:
Address: _____	Supervisor: _____	
	Job Title: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for leaving: _____	
Duties Performed: _____		

Employer:	Phone:	Dates:
Address: _____	Supervisor: _____	
	Job Title: _____	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for leaving: _____	
Duties Performed: _____		

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: _____
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