

STODDARD-BERGEN VOLUNTEER FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

REVISED 08/01/2013

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-duty related medical condition or handicap, or any other legally protected status. The information contained in this application form is required by law and / or the Stoddard-Bergen Fire Department Fire Board in order for you to be evaluated for acceptance. Completion of each item is voluntary, but incomplete answers may reduce your chance for volunteer selection. This document will become a permanent part of your personnel file if accepted.

	<u>Please</u> Pr	int or T	уре			
Last Name:	Fir	MI:				
Current Address:	City:		Zip:			
Phone: ()	Hm ()	Wk	()	Other		
Previous Address:		Zip:				
Driver's License #:						
Emergency Contact:	Relationship:					
	City / State: Phone					
		yment History				
Current:	Position:			How Long:		
Address:	s	Supervisor:		Phone:		
Previous:	Position:			How Long:		
Address:	Supervisor:			Phone:		
Previous:	Position:			How Long:		
Address:	S			Phone:		
List two (2) person	NAL REFERENCES THAT	YOU HAVE KNOWN	FOR AT LEAS	Γ THREE (3) YEARS		
(1) Name:		Re	elationship:			
Address:		Pi	none: ()			
(2) Name:		Ro	elationship:			
Address:		Pi	none: ()			
(3) Name:		Re	elationship:			
Address:		PI	10ne: ()			

MILITARY SERVICE

Branch of Service:	ranch of Service: 1y		pe of Discharge:		
Dates of Service:	ppy of DD214*				
	Education				
Circle the Highest Level of Education Completed:	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12 GED	College / University 1 2 3 4		
Name of High School Attended:		City / State:			
College / University:	City / State:				
Св	RIMINAL HISTOR				
Have you ever been arrested, charged with, or conv details.	icted of violating any	v laws other than minor to	raffic laws? If yes, give		
Please list all traffic charges / citations received in the	he past five (5) years				
Has your driver's license ever been suspended or re	voked? If yes, pleas	e explain.			
Rel	ATED EXPERIEN		••••••		
Have you ever been a part of any other fire departn	nent or public safety	agency? If yes, please ex	plain.		
List any certificates or licenses you possess related t	o public safety. Plea	se include dates of issuan	ce and copies.		
List and describe any training you have that would	benefit you as a men	nber of a fire department.			
		nber of a fire department.			
Briefly state why you want to become a member of	a fire department.				
	a fire department. VEHICLE INFOR	RMATION			
Briefly state why you want to become a member of	A fire department. L VEHICLE INFORMAKE / Model:	RMATION			

CERTIFICATION

I hereby certify that I am at least 18 years of age. I understand by my signature below that falsification of any part of this application is cause for immediate dismissal whenever discovered and do certify that all statements are true and correct.

I also authorize the making of lawful inquiries regarding both my past and present employment and hereby release those supplying information from all liability. Under Wisconsin State Law, applications for employment with a public agency, such as Stoddard-Bergen Volunteer Fire Department, are subject to public disclosure.

DRUG FREE WORKPLACE POLICY: Stoddard-Bergen Volunteer Fire Department is a Drug Free Workplace in accordance with Drug-Free Workplace Act of 1988. Applicants and employees may be required to submit to drug testing at any time for pre-screening, reasonable suspicion, post accident, return to duty, and follow-up on routine fitness for duty. Additionally, drug and alcohol testing of employees holding a commercial driver's license is conducted per Federal law and regulation 49 CRF, Part 382.103/107.

Date	Signature of Applicant	Signature of W	itness	
	Personal Inqu	IRY WAIVER		
Name:	DOB:			
all information that you may har records, and reputation. Please requested. This information is	ive concerning my work re include any and all infort to be used by the Stoddard	oddard-Bergen Volunteer Fire Department, criminal history, school reconnation of a confidential or privileged department of Stoddard firefighter in Village of Stoddard	rds, military ed nature if nt in determining	
I hereby release you, your orga furnishing the information requ	· · · · · · · · · · · · · · · · · · ·	any liability or damage which may	result from	
Signature of Applicant:		Date:		
Address:		City / State / Zip:		
+++++++++++++++++++++++++++++++++++++++	-+++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++++	
State of Wisconsin, Villlage of S	APPROVAL FROM toddard and Town of Ber			
Approve the application this	day of	, 20		
Signature of Board Member Vi	llage of Stoddard	Printed Name		
Signature of Board Member To	wn of Bergen	Printed Name		