



# Adell Volunteer Fire Department and First Responders Membership Application

Name \_\_\_\_\_ Application Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

If less than 10 years, list your previous addresses:

Address, City, & State: \_\_\_\_\_

Dates at this address: \_\_\_\_\_

Address, City, & State: \_\_\_\_\_

Dates at this address: \_\_\_\_\_

Position you are applying for:

☐ Firefighter ☐ First Responder ☐ Junior Firefighter ☐ Other:

When you are available to respond to calls and drills:

☐ Mornings (6am-Noon) ☐ Afternoons(Noon-6pm) ☐ Evenings (6pm-Midnight)

☐ Overnight (Midnight-6am) ☐ Monday-Friday ☐ Weekends

Do you have any physical impairment that would limit your ability to perform all duties of the position for which you have applied? ☐ No ☐ Yes - Explain: \_\_\_\_\_

Have you ever been convicted of, pled "guilty" or "no contest" to a misdemeanor?

☐ No    ☐ Yes - Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?    ☐ No    ☐ Yes - Explain: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed?    ☐ No    ☐ Yes - Schedule: \_\_\_\_\_

If you are a student, what school do you attend: \_\_\_\_\_

Work History - Please list the last 3 places you have worked:

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Personal References** - Please list three personal references other than relatives or people who live with you. If possible, list the names(s) of any acquaintance(s) that are or have been members of the Adell Fire Department.

Name

Phone Number


Member Acquaintances: \_\_\_\_\_

Have you ever been a member of another Fire Department?

☐ Yes

☐ No

If Yes, please provide:

Fire Department: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*If you have been a member of one or more department(s), please write the other departments, dates of service, rank you held, and reason for leaving on a separate piece of paper and attach it to this application.*

### Firefighting/EMS Experience

Please list any previous Firefighting or EMS Experience or Training you have. *No previous experience or training is necessary for acceptance.*

Training/Education/Experience

Date Received or Credential Expiration


Please list any additional training or expertise you have that may be beneficial for the name of Adell Fire department to be aware of (if necessary attach a separate sheet).

All applicants are required to undergo:

- Drug Screen
- Fitness for Duty Physical
- Driving Record and Criminal Background Check

### **Applicant Please Read Carefully and Sign Below**

Information provided and statements made as a part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

#### **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 Adell Fire Department, its agents or representatives, at any time to obtain my motor vehicle record(s), background 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 the Adell Fire Department. I understand it is part of underwriting or employment requirements.

My signature indicates that I have answered all questions truthfully, and to the best of my knowledge. Failure to disclose information and/or falsification of your application is grounds for denial of, or removal from, membership. All information contained or obtained within this application will remain confidential and will be used only for internal membership processing.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I, \_\_\_\_\_ as a candidate for the position of \_\_\_\_\_, with the Adell Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Adell Fire Department, its agents or representatives, with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information.

A photocopy of this release bearing my signature shall be considered as valid as the original.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

I, \_\_\_\_\_, as a candidate for the position of \_\_\_\_\_, with the Adell Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Adell Fire Department, its agents or representatives, with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information.

A photocopy of this release bearing my signature shall be considered as valid as the original.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, \_\_\_\_\_ as a candidate for the position of \_\_\_\_\_ with the Adell Fire Department, hereby authorize any individual within this institution with whom I have been associated, to furnish the Adell Fire Department, its agents or representatives, with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information.

A photocopy of this release bearing my signature shall be considered as valid as the original.

This form also authorizes this institution to obtain a five year driver history abstract through Motor Vehicles. I hereby give permission to the Adell Fire Department and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the department or any of the fire companies located in Sheboygan County, Wisconsin.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License # and State \_\_\_\_\_