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APPLICATION FOR MEMBERSHIP

Type of membership applying for:  Firefighter     Traffic Control     Other: \_\_\_\_\_

Vj k l' l p h q t o c v k p ' k l' h q t ' q h h e k n ' w u g ' q p r { ' c p f ' y k n i' p q v ' d g ' t g r g c u g f ' v q ' w p c w j q t k g f ' r g t u q p u ' p q t ' y k n i k ' d g w u g f ' v q ' f k e t l o l p c v g ' c i c k p u v ' c p { ' c r r i d e c p v 0

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 sheet(s) of the same size as this application and number answers to correspond with questions.

APPLICANT

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
last                      first                      middle

Are you at least 18 yrs of age  Yes  No Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Soc. Sec.#: \_\_\_\_\_

RESIDENCES

List, in reverse chronological order, all of your past residence during the past five (5) years starting with your present address.

STREET ADDRESS	CITY	STATE	DATE
			TO ____

EDUCATION

	NAME/LOCATION	DATES FROM    TO	COURSES PURSUED	DEGREE, DIPLOMA, CREDITS EARNED
High School				
College				
Technical School				
Emergency/Fire Service Training				
Other Related School/Training				
Other Related School/Training				

**FIRE CERTIFICATION/LICENSE/EDUCATION**

Are you a certified Firefighter 1 in the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

Are you certified as a Firefighter in another state? \_\_\_\_ Yes \_\_\_\_ No

Are you licensed as a First Responder in the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

Are you a US citizen or are you authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Do you hold a valid drivers license? \_\_\_\_ Yes \_\_\_\_ No

Can you leave work for a fire call if necessary? \_\_\_\_ Yes \_\_\_\_ No

Do you have any previous fire service experience? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide details:

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**EMPLOYMENT**

EMPLOYER NAME (list current employer first)	DATES OF EMPLOYMENT FROM TO	IMMEDIATE SUPERVISOR & PHONE NUMBER	REASON FOR LEAVING
NAME: ADDRESS:			

May We Contact Your Present Employer? \_\_\_\_ Yes \_\_\_\_ No

**MILITARY RECORD**

Have You Ever Served In The Armed Forces, National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Provide The Following Information. Branch Of Service \_\_\_\_\_

Dates Served \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Discharge \_\_\_\_\_

Are You Presently A Member Of The National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES**

Give Three (3) References (Not relatives or Ugr j gnuqp Fire Department Members) Whom You Have Known For Three (3) Years

Name	Address	Phone#	Occupation

**COURT RECORD**

Have You Been Convicted Of a Felony Or Misdemeanor \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

\_\_\_\_\_  
(A conviction will not be an automatic bar to membership and will be considered only as it relates to the position being applied for.)

Have You Ever Paid A Civil Forfeiture Or Fine For A Nontraffic-Related Offense (Including Municipal Ordinance Violations)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

\_\_\_\_\_  
(Payment of a civil forfeiture or fine will not be an automatic bar to membership and will be considered only as it relates to the position being applied for)

Do You Have Any Charge(s) Pending Against You? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

\_\_\_\_\_  
(A pending charge(s) or arrest is not an automatic bar to membership and will be considered only as it relates to the position being applied for.)

I voluntarily grant the Town of Stephenson Fire Department the right to investigate the statements I have made in this application, as well as other related information and activities. I also authorize any person, firm, corporation, and government agency to disclose to Town of Stephenson Fire Department any information they may have regarding me. I release Town of Stephenson Fire Department; as well as any providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. I am aware that willfully withholding information or making false statements on this application and/or during interview, will be basis for rejection. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that if hired, my employment is for no definate period of time and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without prior notice and without cause. I further understand that a criminal background and traffic record check will be conducted and agree to same.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Return completed and signed application to:

Chief Jim Stradal  
W12563 Ranch Road  
Crivitz, WI 54114  
Or via e-mail to: jimstradal342@gmail.com