



TOWN OF SHEBOYGAN FIRE DEPARTMENT MEMBERSHIP APPLICATION

Applicant Name

First Name:	Middle Initial:	Last Name:
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Contact Information

Home Phone:	Mobile Phone:	Mobile Carrier:
Email Address:		
Current Address:		
Current City:	Current State:	Current Zip:
If you lived at your current address for less than 10 years, what are the dates at this address?		
If you lived at your current address for less than 10 years, what was your previous address?		
Previous City:	Previous State:	Previous Zip:
Dates at this previous address?		

Additional Information

Are you a US citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License Number:		

Department Questions

What position(s) are you applying for (check all that apply)? <input type="checkbox"/> Firefighter <input type="checkbox"/> First Responder / EMT <input type="checkbox"/> Cadet
When are you most available to respond to calls and drills (check all that apply)? <input type="checkbox"/> Mornings (6am - 12pm) <input type="checkbox"/> Afternoons (12pm - 6pm) <input type="checkbox"/> Evenings (6pm - midnight) <input type="checkbox"/> Overnight (midnight - 6am) <input type="checkbox"/> Monday - Friday <input type="checkbox"/> Weekends
Do you have any physical impairment(s) that would limit your ability to perform all duties of the position for which you have applied? If yes, please describe:

Prior Criminal Activity

Our department, along with other departments within Sheboygan County, require a background check to be completed prior to being accepted into our department. If you have any misdemeanor or felony convictions, please list those here. Please note, we will also be conducting a criminal background check with the Sheboygan County Sheriff's Department prior to acceptance within our department.

Have you ever been convicted of, pled "guilty" or "no contest" to a misdemeanor? If yes, please describe:

Have you ever been convicted of a felony? If yes, please describe:

Employment / Student Information

Please answer the following questions about your employment or schooling.

Are you currently employed? Yes No

Please list the previous three places you have worked:

Employer 1 Name:

Job Title:

Address:

City / State:

Dates of Employment:

Reason for Leaving:

Employer 2 Name:

Job Title:

Address:

City / State:

Dates of Employment:

Reason for Leaving:

Employer 3 Name:

Job Title:

Address:

City / State:

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 name(s) of any acquaintances(s) that are or have been members of the Town of Sheboygan Fire Department.

Name:	Phone Number:
Relationship to Reference:	
Name:	Phone Number:
Relationship to Reference:	
Name:	Phone Number:
Relationship to Reference:	
Town of Sheboygan Fire Department Member acquaintances:	

Prior Fire Service

Please answer the following questions regarding any current / prior fire department experience you may have.

Have you ever been a member of another fire department? If yes, please list prior fire departments and last & highest position held:
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Firefighting / EMS Experience

Please list any previous firefighting / EMS experience and / or training you have. No previous experience or training is necessary for acceptance.

List your training / education / experience and completion dates / expiration dates:
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Firefighting / EMS Experience Continued

Please list additional training or expertise you may have that may be beneficial for the department:

APPLICANT PLEASE READ CAREFULLY AND SIGN

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.

All applicants are required to undergo the following: Drug screen, fitness for duty physical and driving recording / criminal background check.

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 Town of Sheboygan 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 Town of Sheboygan 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 Signature:	Date:
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Officer Use Only:

Received By:	Date:
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