CAMPBELLSPORT VOLUNTEER FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

(Circle interests)

	Firefighter Ambul	ance Both	
Last Name:	First Name:	et Name: Middle Name:	
Address:			
	Cell Phone:	Emai	il:
Driver's License #:		State Licens	se was issued in:
	Work Hist	ory	
Begin with current or last j	ob. Include Military and Volunte	er service (exclud	le all protected organizations)
Name of Employer:		Work Pho	ne:
	Fr		
Employer' Address:		Occupatio	n:
	Fr		
Reason for Leaving:			
Employer' Address:		Occupatio	n:
Supervisor:	Fr	om:	To:
Reason for Leaving:			
If yo	ou need additional space, please at	tach a separate sh	eet of paper
May we contact your curre	nt employer: 🗆 Yes 🗀 1	10	
	Education	n	
Years Completed (circle num	ber that applies): 12 13 14 15	16 17 18 +	
•	Location		Degree:
	Location		
College:	Location		Degree:
Specialized Training, Skills, A	Apprenticeship, or any other experies	ce/training:	

Personal

	1 et sonai				
Have you ever applied with this department	before:	☐ Yes	□ No		
Have you ever been employed with this department before:		☐ Yes	□ No		
Have you ever been convicted of any crime((s)/criminal activities:	☐ Yes	□ No		
If "Yes", explain:					
	necessarily disqualify you				
Have you ever been convicted for a traffic violation(s):		□ Yes	□ No		
If "Yes", explain:					
(Conviction will not	necessarily disqualify you	from employ	yment)		
References (Non-family or Employers)					
1. Name:	Phone:		Best time to Call:		
2. Name:	Phone:		Best time to Call:		
(By providing these referen	ces, you give us the right t	to contact the	m as needed)		
Requi	rements for all Appli	cants			
appointment, a valid Wisconsin State driver's lie involving regular, and at times, sustained physic surfaces, bending, stooping, working in confined (50-100 lbs.) items. Be able to perform tasks in sensory and manipulative abilities in order to ac Do you have any problems complying with the a	cal labor such as but not limid spaces, lifting and carrying volving the operation of equiphieve full compliance to acc	ted to, walking moderately h ipment that ca	g over rough or uneven eavy (20-50 lbs.) to heavy ills for full coordination of ls.		
If "Yes", explain:					
Appl	icants Acknowledgen	nent			
I hereby certify that this application and any oth no willful misrepresentation and that the inform that should investigation at any time disclose ar my name may be removed from consideration, or	nation given is true and comp ny such misrepresentation or	plete to the best falsification,	st of my knowledge. I am aware my application may be rejected,		
I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide the Campbellsport Volunteeer Fire Department representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for membership investigations by the Campbellsport Volunteer Fire Department only.					
Further, I understand that at time of joining I will be required to provide documentation showing authorization to work the United States. Return completed applications to the Personnel Dept at the Campbellsport Volunteer Fire Department					

Date

Signature

CAMPBELLSPORT VOLUNTEER FIRE DEPARTMENT

AUTHORIZATION FOR BACKGROUND INFORMATION I, (print your full name) , hereby authorize the Campbellsport Volunteeer Fire Department or an independent investigating agency to conduct a thorough investigation of my personal, professional, and social networking background including criminal and driving records for employment purposes. I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for membership investigations of the Campbellsport Volunteer Fire Department only. It is my intention that any copy of this authorization be as effective as is the original. PLEASE PROVIDE THE FOLLOWING INFORMATION Applicant's Name: Last First Middle Alias/Maiden/Other Name(s): Month/Day/Year Sex: Race: Date of Birth: Social Security Identification Number: Driver's License Number: ______ State: _____ City: _____ State: ____ Zip: ____ Position Applied For:

Date

Signature