



CLR Fire & Rescue Membership Application

Applications may be
mailed back to:
CLR Fire & Rescue
Attn: Recruiting
PO Box 46
Reeseville, WI 53579

LAST NAME FIRST MIDDLE PHONE #

STREET ADDRESS CITY STATE ZIP CODE

POSITION APPLYING FOR: FIREFIGHTER: _____ EMS: _____ DRIVER: _____ CADET: _____

HOW LONG AT PRESENT ADDRESS? _____ YEARS _____ MONTHS

ARE YOU OVER 18 YEARS? YES ___ NO ___

IF UNDER 18, PARENT OR GAURDIAN PRINTED NAME: _____

PARENT SIGNATURE: _____ PHONE: _____

PROVIDE INFORMATION ON CURRENT AND PREVIOUS EMPLOYERS:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR DATES:

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA _____ G.E.D. _____

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE/EMS SERVICE EXPERIENCE (Dept. & Years.): _____

CERTIFIED FIREFIGHTER I: YES ___ NO ___ CERTIFICATE #: _____

OTHER FIRE CERTIFICATIONS: _____

CERTIFIED EMS: YES ___ NO ___ LEVEL _____ CERTIFICATE #: _____

OTHER EMS EXPERIENCE: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____ BRANCH: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ___ NO ___ LICENSE #: _____

HAVE YOU EVER BEEN CONVICTED FOR OF MISDEMONOR, FELONY OR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION? YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES ___ NO ___ IF YES, PLEASE EXPLAIN: _____

PLEASE PROVIDE THE NAMES OF TWO PERSONAL REFERENCES.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

PLEASE PROVIDE THE NAMES OF TWO PROFESSIONAL REFERENCES.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, MEETINGS, DRILLS, AND WORK ON COMMITTEES WITH OR WITHOUT COMPENSATION? _____

(INITIALS)

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE CLR FIRE & RESCUE TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT: _____ DATE: _____

BACKGROUND CHECK WAIVER

Print Applicant's Legal Name

Date of Birth

Print Maiden Name or Any Aliases that the Applicant May Have Used

Driver License Number

Social Security Number

I am an applicant for a position with the CLR Fire & Rescue. I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information which may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this _____ day of _____, _____

(DAY)

(MONTH)

(YEAR)

(SIGNATURE)