



Waubeka Fire Department

APPLICATION FOR MEMBERSHIP

What level of membership are you applying for?

- Active
- Associate

What is your area of interest?

- Fire
- EMS
- Fire/EMS

Last name _____ First name _____ MI _____

Home address _____ City, State _____ ZIP _____

Miles to fire station from home _____

Home phone _____ Cell number _____

Email address _____

Date of birth _____ (Social Security number will be requested at interview)

Wisconsin Driver's License No. _____ Expires _____

License Class: _____ List restrictions (if any) _____

Emergency contact _____ Relationship to contact _____

Contact address _____ City, State _____

Contact home phone _____ Contact cell phone _____

Employer _____ Position _____

Employer address _____ City, State _____ ZIP _____

Employer phone _____ Shift hours (times) _____

Last year of school completed _____

High school _____ Graduate? Yes No

Post high school _____

Area of study _____ Highest degree _____

Add additional sheets if necessary

Do you have any serious medical conditions or physical limitations? Yes No (If you answered YES, please explain below)

PREVIOUS FIREFIGHTING AND/OR EMS EXPERIENCE

| Dates | Department or Agency | Position or Duties |
|-------|----------------------|--------------------|
| | | |
| | | |

ACTIVE WISCONSIN FIRE CERTIFICATIONS

| Course | Certificate # | Issue Date | Expiration Date |
|--------|---------------|------------|-----------------|
| | | | |
| | | | |

ACTIVE EMS CERTIFICATION

| Certification Level | Certification # | Certification Date | Expiration Date |
|---------------------|-----------------|--------------------|-----------------|
| | | | |
| | | | |

I certify, by my signature below, that the information provided by me in this application is true and correct to the best of my knowledge.

Signature of Applicant _____ Date _____

Office Use Only

Date interviewed by Chief _____, Chief

Date received by Secretary _____, Secretary

Date announced at meeting (start date) _____

Waubeka Fire Department, Inc.

BACKGROUND RESEARCH RELEASE

Please read this document carefully and acknowledge your understanding by signing your name in the space provided on back.

1. CONSENT TO CONDUCT BACKGROUND INVESTIGATION

As a condition of and in consideration for Waubeka Fire Department, Inc.'s consideration of this application, I give permission to the Waubeka Fire Department, Inc. to investigate my personal and employment history. I understand that this background investigation may include, but not be limited to, verification of all information on this application as well as interviews with past employers. I further give permission to the Waubeka Fire Department, Inc. to conduct this investigation and to discuss the results of this investigation in connection with my application for membership or employment.

2. CONSENT TO CONTACT PAST EMPLOYERS

I give permission to the Waubeka Fire Department, Inc. to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Waubeka Fire Department, Inc., consent to the release of such information orally or in writing and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Waubeka Fire Department, Inc. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to the Waubeka Fire Department, Inc. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I give permission to any agency, attorney or representative of the Waubeka Fire Department, Inc. to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information, I hereby delegate the Waubeka Fire Department, Inc. as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in Waubeka Fire Department, Inc.'s background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. FALSIFICATION STATEMENT

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of membership (employment), for immediate dismissal.

6. MEMBERSHIP (EMPLOYMENT) "AT WILL"

In consideration of my membership (employment), I agree to conform to the rules and regulations of the Waubeka Fire Department, Inc., and my membership (employment) and any compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of the Waubeka Fire Department, Inc. or myself, except as otherwise provided by law. I understand that no manager or representative of the Waubeka Fire Department, Inc., other than the Board of Directors or Trustees of the Waubeka Fire Department, Inc. has authority to enter into any agreement for membership (employment) for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Board of Directors/Trustees of the Waubeka Fire Department, Inc.

I certify that all of the statements made by me on this application for membership (employment) are true, correct, and complete to the best of my knowledge.

Signature

Date

Waubeka Fire Department, Inc.
W4114 River Rd
Waubeka, WI 53021-9712
262-692-2656

Date Received