



# Waubeka Fire Department

## APPLICATION FOR MEMBERSHIP

**What level of membership are you applying for?**

- Active
- Associate
- Explorer

**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)

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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

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Date Received