

VILLAGE OF FREDONIA

FIRE DEPARTMENT



APPLICATION FOR EMPLOYMENT
for

FIREFIGHTER
EMERGENCY MEDICAL TECHNICIAN
AMBULANCE DRIVER

Name: _____

Village of Fredonia Fire Department Application

Firefighter *EMT* *Ambulance Driver* (Check one or more)

Name: _____
FIRST MIDDLE LAST

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Work Phone: () -

Social Security #: _____ Date of Birth: _____

Employer Information

Employer : _____ Occupation: _____

Address: _____ Shift: _____

City: _____ State: _____ Zip: _____

Phone: () -

Driver License Information

Do you currently hold a valid Wisconsin Drivers License? Yes No

Wisconsin Drivers License #: _____ Endorsements: _____

List any Traffic Violations, Accidents, or other Criminal Convictions:

Professional Experience

Do you have any previously have any firefighter training, certifications, or experience? Yes No

If so, please explain:

Professional Experience (cont'd)

Do you have any previously have any medical training, certifications, or experience? ___ Yes ___ No

If so, please explain:

Personal Information

Height: _____ Weight: _____

Do you have any Allergies? ___ Yes ___ No

If so, please list them: _____

Do you use any Medications on a regular basis? ___ Yes ___ No

If so, please list them: _____

Please list any other medical problems you may have that were not mentioned previously:

Physicians Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () -

Person to notify in case of emergency: _____ Relationship: _____

Address: _____ City: _____ State: _____

Home Phone: () - Work Phone: () -

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am accepted as a member, any false statements made on this application can be grounds for termination.

I authorize an investigation of all statements contained herein, and further understand that my criminal past may be investigated through available law enforcement agencies.

I understand and agree that the Constitution and By-laws' of this department govern my membership, and should I not fulfill my obligations as a member, my status may be changed or terminated accordingly.

Signature: _____ Date: _____