# VILLAGE OF FREDONIA

## FIRE DEPARTMENT



# APPLICATION FOR EMPLOYMENT for

### FIREFIGHTER EMERGENCY MEDICAL TECHNICIAN AMBULANCE DRIVER

*Name:* \_\_\_\_\_

#### **Village of Fredonia Fire Department Application**

FIRST	MIDDLE	LAST
Address:		
City:	State:	Zip Code:
Home Phone: ( ) -	Work	k Phone: () -
Social Security #:		Date of Birth:
	<u>Employe</u>	er Information
Employer :		Occupation:
Address:		Shift:
City:	State:	Zip:
Phone: () -		
	Driver Lice	ense Information
Do you currently hold a va	lid Wisconsin Drivers	s License? Yes No
so you currently hold a va		Endorsements:
		Endorsomants

#### **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: \_\_\_\_\_ Work Phone: ( ) -Home 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: \_\_\_\_\_