

HOLMEN AREA FIRE DEPARTMENT

710 S. MAIN ST BOX 92

HOLMEN, WIS 54636

MEMBERSHIP APPLICATION FOR PART-TIME/FULL-TIME FIREFIGHTER POSITIONS

YOU ARE UNDER NO OBLIGATION TO ENTER ANY INFORMATION THAT YOU DO NOT WISH.

(Application will be active and stay on file for no more than one year after submittal)

DATE: _____

FULL NAME: _____ **CONTACT#:** _____

EMAIL: _____

ADDRESS: _____

VALID DRIVERS LICENSE AND #: _____

EMPLOYMENT HISTORY: Within the LAST 5 YEARS, starting from the most recent to the least recent, list the last three employers to include the most current.

Employer: _____ **Contact#:** _____

Start Date (Mo/Yr): _____ **End Date (Mo/Yr):** _____

Reason(s) for Leaving: _____

Employer: _____ **Contact#:** _____

Start Date (Mo/Yr): _____ **End Date (Mo/Yr):** _____

Reason(s) for Leaving: _____

Employer: _____ **Contact#:** _____

Start Date (Mo/Yr): _____ **End Date (Mo/Yr):** _____

Reason(s) for Leaving: _____

FIREFIGHTING EXPERIENCE/TRAINING/CURRENT CERTIFICATIONS (include certification body):

EMERGENCY MEDICAL EXPERIENCE/TRAINING/CURRENT LICENSES (include license body):

FORMAL EDUCATION (Forward a copy of official transcript(s) with application or within 30 days of applying):

Total semester hours with no award of degree _____ Discipline of Study: _____

Award of Degrees: Certificate: _____ Associates: _____ Bachelors: _____ Masters: _____

Major: _____ Major: _____ Major: _____ Major: _____

PROFESSIONAL REFERENCES: List three professional references, not including family members.

Full Name	Title	Contact Information (Phone/Email)
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DISTANCE IN REGULAR DRIVING TIME FROM FIRE STATION (i.e., 5, 10, 15, 20 minutes): _____

COMMENTS: _____

NOTE: Please include a *Cover Letter* and a current copy of your *Resume* with Application

HOLMEN AREA FIRE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION
FOR OFFICIAL USE ONLY, NOT TO BE RELEASE TO UNAUTHORIZED PERSONNEL

I HEREBY EMPOWER AN EMPLOYEE OF THE HOLMEN AREA FIRE DEPARTMENT OR OTHER AUTHORIZED REPRESENTATIVE THEREOF BEARING THIS RELEASED TO, WITHIN ONE YEAR OF ITS DATE, OBTAIN INFORMATION AND RECORDS PERTAINING TO ME FROM ANY OR ALL OF THE FOLLOWING SOURCES:

1. MUNICIPAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCIES
2. SELECTIVE SERVICE SYSTEM
3. ANY BANKING INSTITUTION
4. ANY PLACE OF BUSINESS (FOR PURPOSES OF OBTAINING CREDIT OR EMPLOYMENT DATA)
5. CREDIT RATING BUREAUS/INSTITUTIONS MAINTAINING INDIVIDUAL CREDIT RATING FILES
6. PRESENT AND ANY PREVIOUS EMPLOYER
7. WISCONSIN DEPARTMENT OF TRANSPORTATION
8. ANY SCHOOL, COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION
9. ANY LE CERTIFICATION OR LICENSING BOARD OF WISCONSIN OR ANY OTHER STATES

EXCEPTIONS TO THIS BLANKET AUTHORIZATION

1. ANY MEDICAL INFORMATION IN THE POSSESSION OF ANY SOURCE NAMED ABOVE UNTIL SUBSEQUENT TO A CONDITIONAL OFFER OF EMPLOYMENT (PER AMERICANS WITH DISABILITIES ACT).
2. _____
3. _____

THIS RELEASE IS EXECUTED TO AUTHORIZE THE HOLMEN AREA FIRE DEPARTMENT, AS A PROSPECTIVE EMPLOYER, TO OBTAIN THE ABOVE INFORMATION. IT IS UNDERSTOOD THAT SAID INFORMATION SHALL BE USED ONLY IN CONSIDERATION OF MY EMPLOYMENT AND SHALL NOT BE FURTHER DISSEMINATED FOR ANY PURPOSE

DATE	NAME (PLEASE PRINT FULL NAME)
	ADDRESS (STREET AND NUMBER)
	CITY STATE ZIP

SIGNATURE (FULL NAME): _____

WITNESS: _____ DATE: _____