

Date Applied _____

Sponsor _____

Slinger Fire Dept.

201 Oak Street
Slinger, WI 53086

Application for Membership

The Slinger Fire Dept., Inc. (SFD) is not an employer and the position that you are applying for is strictly a volunteer position. Nevertheless, SFD adheres to the principles of Equal Employment. It is the policy of SFD to review applicants based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law.

Name: _____
Last First Middle

Telephone Number: _____
Home Work

Address: _____

List previous address for the last five years:

Number	Street	City	State	Zip
Number	Street	City	State	Zip
Number	Street	City	State	Zip
Number	Street	City	State	Zip
Number	Street	City	State	Zip

Social Security number: _____

Are you at least 18 yrs. of age? Yes _____ No _____

Driver's License Number: _____

Whom to notify in case of emergency: _____
Name Phone number

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Have you ever applied for a position with SFD before? Yes _____ No _____
If yes, When ((month/year) _____

Have you been previously accepted for a position with SFD before? Yes _____ No _____
If yes, When ((month/year) _____

Please list 3 references

Name	Relationship
Name	Relationship
Name	Relationship

Education: (circle highest) 8 9 10 12 Higher Major: _____

List any special skills or training that is relevant to SFD:

Employment History: (Start with the present or most recent employer.)

Company Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Employed from: _____
Position/Responsibility: _____

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Employed from: _____
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Please read the following statements carefully before you sign your name. "I hereby certify that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and other sources of information which may be relevant to my application for membership to the SFD. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. It is understood and agreed that any misrepresentation, false statement or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time. I release employers and any other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position as a volunteer firefighter with the SFD, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the position. I also understand that if accepted, it may be conditioned on the results of a physical examination. I have read, understand and agree to the above statement. (Initial) _____

In making application to serve as a volunteer firefighter, I am explicitly aware and agree that should I be injured or die while in the line of duty, I or my survivor am/is eligible only for those benefits as are available through workers compensation. I acknowledge that if my application for membership is approved, I may be relieved of my status at any time without explanation. I agree that with the approval of my application and upon my elevation to active status, I will, within the time period stated in the Slinger Fire Department ByLaws and/or Standard Operating Policies/Guidelines, attend and successfully complete the required firefighter school, or such other school and training as is required by SFD. The approval of this application will place the applicant's name on the waiting list of SFD. Active service commences upon an opening on the active roster. I agree to furnish such addition information and complete such examinations as may be required to complete my application.

If accepted. I agree to abide to all the by-laws, rules, and policies of SFD.

Date: _____

Applicant (print)

Applicant (signature)

Sponsor