

TREMPEALEAU-CALEDONIA VOLUNTEER FIRE DEPT.

Personnel Application

Please check Division of the Dept. you are applying for:

_____ Fire Department _____ 1st Responders Department

Name: _____ Date: ___ / ___ / ___

Address: _____

Phone Number: _____

Email Address: _____

Birth date: ___ / ___ / ___ Age: _____

Sex: M _____ F _____

Social Security Number: _____

Years at address: _____ Previous address: _____

Married: _____ Single: _____

Spouses Name: _____ Work Number: _____

Spouse's Employer: _____

Please list your employer.

Name: _____

Address: _____

Phone Number: _____

Work hours: _____

If you work in our coverage area, do you feel your employer would be interested in allowing you to answer calls during work hours? _____

If yes, would your employer like someone to contact them? _____

List any members who are currently on the squad that you know. _____

List two references that are not already members on the squad,

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Why did you decide to become involved in Fire/EMS? _____

List any specialized training you feel will benefit this Department: _____

When will you be available to respond to calls? _____

How did you hear about this squad? _____

ATTACH COPIES OF ALL CERTIFICATIONS NEEDED FOR THE DEPT. YOU ARE APPLYING FOR.

Application will not be accepted without the certifications.

It is the responsibility of the applicant to keep all information requested on this form current!

Applicant's signature: _____

Date: _____ / _____ / _____

For Fire Department Use Only

Date accepted: _____ / _____ / _____ . Check Dept.: / _____ / _____

Fire _____ Responder _____

All copies of certifications must accompany this application before it will be accepted.

List copies received: _____

Department's signature and title: _____

Chief's signature: _____

Department's notes: _____

