

BLACK RIVER FIRE DEPARTMENT

5536 Evergreen Dr, Sheboygan, WI 53081

Phone: [920] 452-4900 twbrfd@charter.net

Dear Applicant:

Thank you for your interest in becoming a member of the Black River Fire Department. Our success as a community service organization depends on knowledgeable, dedicated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a BRFD member is straightforward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A valid Wisconsin driver's license with address must also be present. Following receipt of this completed application you will be enrolled in the upcoming firefighter recruit class.

The objective of the firefighter recruit class is to provide each applicant with the minimum training required to function as a member of this department. It will cover both classroom and practical training that will provide basic firefighting and department operational knowledge.

You will be asked to participate in the regular non-firefighting activities of the fire department such as Tuesday evening or Monday morning meetings. These sessions will serve to introduce you to the fire department's members and likewise them to you. This introduction is important as a confirmation vote of the general membership is required for membership.

Firefighter recruit classes are scheduled as required throughout the year. It will require approximately 60 training hours and will include a health physical and an engine, truck or rescue company assignment. Following the receipt of your completed application, you will be contacted to verify the time and location of the starting class. If you have any questions please feel free to call the department office at 920-452-4900.

On behalf of the Recruitment Committee we look forward to having you as a member of the Black River Fire Department.

Kory Wendlandt
Recruitment Chairman
kwendlandt@culligankaats.com
452-9128 or (920)377-1858

Brian Schmitt
Recruiter
brianschmitt1020@frontier.com
564-1020



www.townwilson.com

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Attention recruitment committee:

Attached is my application for membership with the Black River Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application, and I that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least eighteen years of age for regular membership; a legal resident of the United States, Wisconsin; hold a current Wisconsin driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the Black River Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency. I understand that I may need to pass a medical examination, and a drug screening before being voted in as a full member. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from the Black River Fire Department without recourse.

Applicant's Signature _____

Date of Application _____



Black River Fire Department

Application for Membership

Please print all information clearly

Personal Information					
Last Name:	First Name:	MI:	Nick Name:		
Physical Address:				Sex: Male	Female
				<input type="checkbox"/>	<input type="checkbox"/>
City:	State:	Zip:	Social Security No:		
Email address:				Driver License No:	
				TDL	
Home Phone:	Work Phone:	Other Phone:		Driver License Class:	
Material Status:				Spouse's Name:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Military Service & Employment History					
Military Service:					
Branch:		From:		To:	
Present Employer:					
Work Address:				Position Held:	
City:	State:	Zip:	How long with present employer:		
			years	months	
Work Schedule:			Shift Length:		
<input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker			<input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other		
If less than three (3) years with present employer, list previous employer(s). Most recent first.					
Employer Name:	Address:		Phone:		Reason for Leaving:
Employer Name:	Address:		Phone:		Reason for Leaving:
For Office Use Only					
Date received application:		Date of next academy class:		Date contacted for academy class:	
Background Check:		Medical Exam:		Drug Screen:	
<input type="checkbox"/> Clear <input type="checkbox"/> N/C		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Approved for LTC:			Approved for Membership:		
<input type="checkbox"/> Yes <input type="checkbox"/> No Date:			<input type="checkbox"/> Yes <input type="checkbox"/> No Date:		

Black River Fire Department

Application for Membership

Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following information.				
Offense Charged	City / County	State	Date	Disposition of Case
Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below.				
Offense Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, and reason:				
Offense Charged	City / County	State	Date	Disposition of Case
Vehicle Insurance Company	Agent		Phone	
List all traffic citations you have received in the last five (3) years. (excluding parking tickets)				
Offense Charged	City / County	State	Date	
List any accidents within the last three (3) years; give approximate date and locations:				
Location			Date	At Fault
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Education				
Institution name	State	Date of attendance From Until		Did you graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Black River Fire Department

Application for Membership

Firefighting Experience and Training			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:			
Department Name	Address	From	Until
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?
Are you a certified instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received?
Have you attended any fire fighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received	
References			
Have you ever applied for membership with the Black River Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of another fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any members of the BRFD with whom you are acquainted.			
Name		Phone	
List three (3) references, other than relatives and others named above:			
Name	Address	Phone	Relationship
Emergency Contact Information			
Name	Address	Phone	Relationship
Why do you want to become a member of the Black River Fire Department?			

Black River Fire Department

Application for Membership

Medical Information		
Name of physician	Address	Phone
Blood type:	Date of last tetanus:	
Allergic reactions (medication, insect bite, etc.)		
Special medical problems / needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently taking medication prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been treated for a work or fire service related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Statement of Veracity		
Review your answers carefully and read the statement below before signing		
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.		
I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.		
I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the Black River Fire Department.		
_____	_____	
Applicant's Signature	Date signed	

Black River Fire Department

Application for Membership

Black River Fire Department has to have the original
Pre-check form prior to processing the application.
It can be mailed at the address below.

PRE-EMPLOYMENT DISCLOSURE & RELEASE

(PLEASE PRINT)

pre
Check inc.
A Background Investigation Company

Tel: 713-861-5959
1-800-999-9861
Fax: 1-800-207-2778

■ **APPLICANT'S FULL NAME:** _____
Any Other Name You Have Worked Under: _____
Social Security No.: _____ Date of Birth¹: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____
My Present Employer May Be Contacted For a Job Reference: Yes No

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report² and/or investigative consumer report³ may be made in connection with my application for employment with prospective employer. (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that prospective employer and PreCheck, Inc., may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

■ **APPLICANT'S SIGNATURE:** _____ **DATE:** _____

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.