Dear Applicant:

Thank you for your interest in becoming a member of the Town of Wilson First Responders. 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 TWFR 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 First Responder recruit class.

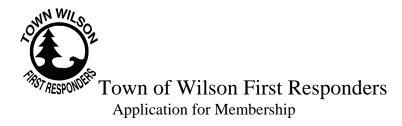
The objective of the First Responder recruit class is to provide each applicant with the minimum training required to function as a member of this department. It will cover both classroom and practical training that will provide basic First Responder and department operational knowledge.

You will be asked to participate in the regular non-First Responder activities of the First Responders such as Thursday evenings. These sessions will serve to introduce you to the first responder members and likewise them to you. This introduction is important as a confirmation vote of the general membership is required for membership.

First Responder recruit classes are scheduled as required throughout the year. It will require approximately 60 training hours and will include a health physical. 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 phone numbers listed below.

On behalf of the Recruitment Committee we look forward to having you as a member of the Town of Wilson First Responders.

Todd Hittman 920-946-6168 todd.hittman@kohler.com



Attention recruitment committee:

Attached is my application for membership with the Town of Wilson First Responders. 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.

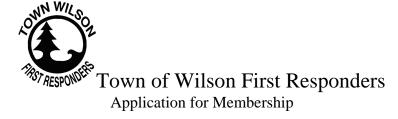
I certify that I have carefully completed this application, and I that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

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 Town of Wilson First Responders. 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 Town of Wilson First Responders without recourse.

Applicant's Signature	D	ate
11 0		

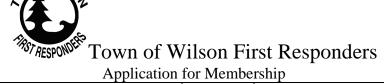


Please print all information clearly

i lease print an informat	Ton Clearry							
		Perso	nal Inf	ormati	on			
Last Name:		First Na	ame:			MI:		Nick Name:
Physical Address:							Sex:	Male Female
Thysical Address.							Sex.	
City:			State:	Z	ip:		Social	Security No:
								•
Email address:							Deixor	License No:
Linan address.							Direct	License Ivo.
Home Phone:	Work Phone:			Other Pho	ne.		Dri	ver License Class:
Trome Thome.	Work I hone.			other The	nic.			ver Ercense Class.
Material Status:						Spouse's Nan	ne:	
☐ Single ☐ Married ☐ Div	vorced Widowed	l						
	Military	Servic	e & En	nployr	nent H	listory		
Military Service:	·							
Branch:	From:		То:					
Present Employer:								
Work Address:						Position H	eld:	
City:		S.	tate:	Zip:		Ш	yy long y	vith present employer:
City.		51	iaic.	Zip.		110	_	
							year	s months
Work Schedule:	Straight Nights		Shift Leng	gth:				
☐ Straight Days ☐ Straight Nights ☐ Straight Evenings ☐ Shift Worker ☐ 101 ☐								
	han three (3) years wit						other	
	dress:	n present	employer,	Phone:				or Leaving:
Employer Famile.				T mone:			110450111	or zearing.
Employer Name: Ac	ldress:			Phone:			Reason f	or Leaving:
								C
For Office Use Only								
Date received	Date of next					contacted for		
application:	academy clas	s:			acade	my class:		
For Office Use Only	Medical Exar	n:			Drug	Screen:		
Background Check:		Doss	□ E ₀ :1			_	l Doss	□ Eoil
] Pass	Fail	ļ		L	Pass	☐ Fail
☐ Clear ☐ N/C					1			



Approved for LTC: App			Approved for Membership:					
☐ Yes ☐ No Date: ☐ Yes ☐ No Date:								
	Deal	kground Info	rm ot	ion				
				IOII				
Have you ever been convicted of a crin Yes No If yes, give the foll			s)					
Offense Charged	City /	County	St	tate	Dat	ate Disposition of Case		
Are you now, or have you ever been under Yes No If yes, list below.	der investiga	ation, indictmen	t, or p	orobatio	on for a fel	ony or mi	sdeme	anor?
Offense Charged	City /	County	St	tate	Dat	e	Disposition of Case	
		Traffic Reco	ord					
Has your driver's license ever been sus	pended or re	voked? 🗌 Yes		No	If yes, giv	e date, lo	cation,	and reason:
Offense Charged	City /	County	St	tate	Dat	e	Disposition of Case	
Vehicle Insurance Compar	,	Agen	ıt		Phone			
List all traffic citations you have receiv	ed in the last	five (3) years.	(exclu	iding p	arking tick	tets)		
Offense Charged		Cit	y / C	County S			ate	Date
	(2)		1 .	1.1	··			
List any accidents within the last three	(3) years; giv	e approximate	date a	nd loca	ations:		•	
Location				Date	Date At Fault			
								Yes No
							١	Yes No
								☐ Yes ☐ No
N 001 1/0	11	Education			<u> </u>	1		D'1
Name of School / Col	llaga	Stat	10	Date	of atten	dance		Did you



			From	Until	grad	luate?		
					☐ Yes	☐ No		
					☐ Yes	☐ No		
					☐ Yes	□ No		
If you did not graduate from high sch	nool, did you attain a C	GED?	Yes N	lo	•			
	First Responder E	xperience a	nd Training	T				
Have you previously been a First Re	sponder? Yes [No If y	es, list below					
Name of Organization		Addre	SS		From	Until		
Are you a certified First Responder?								
Are you a certified Instructor?								
Have you attended any First Responder schools? Yes No Attach copies of any certificates you have received								
References								
Have you ever applied for membersh	ip with the Town of V	Vilson First R	esponders? [] Yes [] No			
Are you now a member of another Fi	irst Responder Unit? [Yes [No					
List any members of the Town of Wi	ilson First Responders	with whom y	ou are acquain	nted.				
	Name				Phone			
List three (3) references, other	than relatives and	others name	ed above:					
Name	Addı	ress		Phone	Rela	tionship		
References Cont.								
	Emergency C	ontact Infor	mation					



Name	Address	Phone	Relationship		
Why do you want to become a member of	the Town of Wilson First Respon	nders?			
	Medical Information				
Name of physician		Address			
Blood type:	Date of last tetan	us shot:			
Allergic reactions (medication, insect bite,	, etc.)				
Special medical problems / needs? Y	es No				
If yes, explain:					
Are you currently taking medication presc	ribed by a physician? Yes	☐ No			
If yes, explain:					
Have you ever been treated for a work or e	emergency service related injury	or illness? Yes	No		
If yes, explain:					
Do you have any defects, diseases, or defe	ormities that may interfere with fin	rst responder activities?	Yes No		
If yes, explain:					
	Statement of Veracity				

Town of Wilson has to have the original Pre-check form on the following page prior to processing the application. It can be mailed at the address below.



Town of Wilson First Responders

Application for Membership

PRE-EMPLOYMENT DISCLOSURE & RELEASE

(PLEASE PRINT)

Beckground Investigation Company		orked Under: Date of Bi	
el: 713-861-5959 1-800-999-9861			
fax: 1-800-207-2778		State:	
	Driver's License No.:		State:
	My Present Employer May Be	Contacted For a Job Reference:	Yes 🗋 No [

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.

requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my

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:	
THE PROPERTY OF CHARACTER PROPERTY OF THE PROP		

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.

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