

TOWN OF WILSON FIRE DEPARTMENT

Dear Applicant:

Thank you for your interest in becoming a member of the Town of Wilson 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 TWFD 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 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. 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 office at 920-208-2390.

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

Attention: Town of Wilson Fire Chief/Recruitment Committee
Town of Wilson Clerk
Jwicker@townwilson.com

TOWN OF WILSON FIRE DEPARTMENT

Attached is my application for membership with the Town of Wilson 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 Town of Wilson 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 Town of Wilson Fire Department without recourse.

Applicant's Signature _____

Date of Application _____

Town of Wilson Fire Department

Application for Membership

www.townwilson.com

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:		
Email address:				CDL: Yes ____ or No ____	
Home Phone:	Work Phone:		Other Phone:		Driver License Class:
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"/> 8 hour	<input type="checkbox"/> 10 hour	<input type="checkbox"/> 12 hour	<input type="checkbox"/> other
<input type="checkbox"/> Straight Evenings	<input type="checkbox"/> Shift Worker				
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:

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Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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				<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				

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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 Town of Wilson 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 TWFD 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 Town of Wilson Fire Department?			

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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 Town of Wilson Department.

Applicant's Signature

Date signed

Town of Wilson, Sheboygan County
New Hire Employment Release

Please Complete all Information requested legibly. Incomplete Applications will not be processed

The Town requires a background check for all Town employment, your written consent is requested to perform this background check.

Name (print) _____

Street Address _____

City, State, Zip _____

Date of Birth _____ Phone _____ Male / Female

Have you ever been convicted of a felony? _____ Yes, _____ NO / Have you been convicted of an OWI? _____ Yes, _____ NO

If you answered "Yes" to questions above please specify: Date, Type of Conviction, Explanation (use back of this sheet) _____

Have you been convicted of any alcohol or drug offenses? _____ Yes, _____ NO

If "Yes" Please specify: Date, Type of Conviction, Explanation (use back of this sheet) _____

Signature of Applicant _____

Print Name _____

The Town Board will act on all applications at their regular scheduled meetings.

Dated this _____ day of _____, _____

Signature of Employer _____

Town Office 5935 South Business Drive, Sheboygan, WI 52081 Phone 920-208-2390