



Whiting Fire and Rescue

3600 Water Street
Stevens Point, WI 54481

(715) 341-9620

whitingfd@charter.net

Application for Membership

September 1, 2002

Name: (Last) _____, (First) _____, (MI) _____

Address: _____

_____ E-Mail Address: _____

Home Telephone Number: _____ Work Telephone Number: _____

Social Security Number: _____ - _____ - _____ Are you at least 18 years old? YES / NO

Employer's Name and Address: _____

Your Position: _____

Normal Working Hours: _____

Can you respond to emergency calls during work hours? YES / NO

Do you possess a valid driver's license? YES / NO Number: _____

Can you operate a standard transmission? YES / NO State license was issued: _____

Do you have any prior firefighting, rescue, or EMS training, background, or experience? YES / NO

If yes, please describe (provide certification numbers if applicable): _____

Describe any special skills, knowledge, talents, training, or related experience which may be a benefit:

NOTE: The following question will not be considered a reason for denial of membership, but will only be taken into consideration in determining appropriate duties within the Department.

Do you have any handicaps, disabilities, health issues, or physical impairments or other limitations which may limit your range of firefighting duties? YES / NO

If yes, please describe in detail: _____

In case of emergency, notify: (Name) _____

(Address) _____

(Phone) _____ (Relationship) _____

References (Provide name, address, telephone number, and any relationship)

1. _____

2. _____

Please feel free to attach any additional sheets, letters, or copies of certificates that you wish to be considered along with this application. Return the completed application to the Department at the address above or in person, or leave with the Village Clerk.

I understand that if my application is approved, I will be subjected to a pre-employment interview, probationary period, physical examination, background investigation, and physical agility testing. I hereby hold harmless the Village of Whiting and the Fire and Rescue Department, as well as their officers, agents, and employees, for the conduct of any such process. I also authorize the release of any personal information and records of mine relating to this position, including but not limited to school, financial, criminal and civil court, medical, employment, or any other records. My signatures below, or any facsimile thereof, shall be proof of my authorization. I further understand that, if accepted, I will be required to familiarize myself with all applicable rules, policies, and procedures of the Department, and agree to comply with them, as well as with all lawful orders given therein. The information provided above is current, correct, complete, and accurate to the best of my ability, and I understand that any falsification may lead to the summary rejection of my application.

Signed: _____ Date: _____