



TWIN LAKES FIRE DEPARTMENT AND RESCUE SQUAD

236 E. Main Street – Twin Lakes, WI 53181

Telephone: (262) 877-2373 - E-Mail: info@twinlakesfire.com

www.twinlakesfire.com

Name: _____

Address: _____

How long at present address: _____

Date of Birth: _____ Age: _____

Social Security No.: _____

Home Phone Number: _____ Cell: _____

E-Mail Address: _____

Drivers License No.: _____ Class: _____ Exp.: _____

.....

In case of an emergency please notify:

Name: _____ Phone No.: _____

Address: _____

.....

Present Employer: _____ How long? _____

Employer's Address: _____ City/State _____

Present Position: _____

Do you work days/nights? _____ How many hours? _____

May we contact your current employer? _____ Yes _____ No

.....

Have you ever been convicted of ANY violations of the law, including traffic in the last five years? _____ Yes _____ No If yes, Please list below:

Date _____ Place _____ Charge _____

Details _____

Are you or have you ever been a member of any other Fire Department or Rescue Squad?

_____ Yes _____ No If yes, please explain _____

SPECIAL SKILLS OR TRAINING

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I understand and agree to the following conditions:

I must take an industrial type physical exam with a licensed physician designated by the Department at the Department's expense. I am responsible for any costs incurred by my failure to successfully complete any required training. I am aware that withholding information or including false statements on this application will be a basis for dismissal. I understand that before becoming an accepted member of the Twin Lakes Fire Department and Rescue Squad, I must be either a certified firefighter One, or a licensed EMT. This in addition to other requirements presently in place.

I agree to these conditions and I certify that all statements made by me on this application are true and correct.

Applicant's Signature Date

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WAIVER FOR RECORD CHECK:

I _____, give the Twin Lakes Volunteer Fire Department and the Twin Lakes Police Department permission to conduct a record check on behalf of myself, on this date of _____.

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PLEASE DO NOT WRITE BELOW THIS LINE

Officers reviewing this application _____

Date application reviewed _____

Recommendation by Executive Board _____

Date of Industrial Physical Exam _____

Comments _____

REFERENCES

.....
Name: _____

Address: _____

Telephone: _____ Cell: _____

Approximately how many years has this individual known you? _____

Name: _____

Address: _____

Telephone: _____ Cell: _____

Approximately how many years has this individual known you? _____

Name: _____

Address: _____

Telephone: _____ Cell: _____

Approximately how many years has this individual known you? _____



YOU KEEP THIS PAGE

1. Firefighter and/or Rescue member must be enrolled in Firefighter One, or EMT School within the first year (if School is available). Certification and the above mentioned schooling will be required before becoming a full member.
2. Tuesday evenings are meetings, drills, clean-up or rescue sessions, and these are also required.
3. The first Tuesday evening of each month is the rescue meeting at 7 p.m. and the second Tuesday of each month is the fire meeting at 8 p.m., if you ride with the ambulance, you MUST attend these meetings.
4. ALL members are expected to attend at least 50% of all department functions, unless officially excused.
5. A by-lay rules and regulations booklet will be issued to new members upon acceptance to a one year probationary status.
6. Applicants will be notified of an interview by the executive board within sixty days of receipt of the application.