



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

BASIC INFORMATION

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Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long at present address: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Home Phone Number: _____ Cell: _____

Cellphone Provider: _____

E-Mail Address: _____

Driver's License No.: _____ Class: _____ Exp.: _____

EMERGENCY CONTACT

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In case of an emergency, please notify:

Name: _____

Relation: _____

Phone Number: _____

Address: _____

EMPLOYMENT DESIRED

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☐ Full Time

☐ Part-Time

☐ POC/Volunteer

CURRENT EMPLOYMENT

Present or Most Recent Employer: _____

Employer's Address: _____ City/State _____

Employer's Phone Number: _____ Supervisor's Name: _____

Present Position: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

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

May we contact your current employer? _____ Yes _____ No

BACKGROUND INFORMATION

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 911 Rescue Squad?

☐

Yes

☐

No

If yes, what department: _____

Start Date: _____ End Date: _____ Your Position: _____

Direct Supervisor: _____ Supervisor Phone Number: _____

Have you passed a CPAT in the last 12 months? ☐ Yes, expiration date: _____ ☐ No
If yes, attach to the application.

List pertinent current certifications: _____

SPECIAL SKILLS OR TRAINING

.....

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? _____

WAIVER RELEASE

.....
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 _____.

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 to become an active member of the Twin Lakes Fire Department and Rescue Squad, I must be either a certified Firefighter I, or a licensed EMT, or agree to take courses to achieve either of those two certifications. I understand that before being hired as a Level Two EMT with the Twin Lakes Fire Department and Rescue Squad, I must be a Wisconsin-licensed EMT. 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

SUPPLEMENTAL PAPERWORK CHECKLIST

-
____ WI State Firefighter I Certification
____ WI State EMS Licensure
____ BLS Healthcare Provider Certification Card
____ ACLS and PALS Provider Certification Cards
____ Additional copies of certifications/licensures related to the position (Driver/operator, FFII, EVOC, etc.)
____ National Incident Management System (NIMS) 100, 200, 700, 800
____ Copy of your driver's license

PLEASE DO NOT WRITE BELOW THIS LINE

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Police officer reviewing application _____ Date _____

Officers reviewing this application _____

Date application reviewed _____

Recommendation by Executive Board _____

Date of Industrial Physical Exam _____

Comments _____



YOU KEEP THIS PAGE

1. Firefighter and/or Rescue member must be enrolled in Firefighter One or EMT School within the first year (dependent on school availability). 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 are rescue meetings or trainings at 7 p.m., and the second Tuesday of each month is the fire meeting at 7:30 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-law 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.