



## TWIN LAKES FIRE DEPARTMENT AND RESCUE SQUAD

236 E. Main Street – Twin Lakes, WI 53181  
Telephone: (262) 877-2373 - E-Mail: [info@twinlakesfire.com](mailto:info@twinlakesfire.com)  
[www.twinlakesfire.com](http://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

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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

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## SPECIAL SKILLS OR TRAINING

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## REFERENCES

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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.

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Applicant's Signature

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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 \_\_\_\_\_

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**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.