



**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: \_\_\_\_\_ Cell Provider: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp.: \_\_\_\_\_

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In case of an emergency please notify:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

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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

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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 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 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 \_\_\_\_\_ 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**

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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**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? \_\_\_\_\_



## 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 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.

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