

TOWN OF PELICAN FIRE & RESCUE

APPLICATION FOR MEMBERSHIP

Please answer all questions. Failure to do so may result in the rejection of your application

NAME _____ DOB: _____ SEX: M – F

ADDRESS: _____ HOME PHONE: _____

SS# _____ BUSINESS PHONE: _____ MARRIED/SINGLE

NAME OF SPOUSE: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

PHONE: _____

Education - Highest grade completed: _____

Please give a brief statement to describe your reason for wanting to join the Pelican
Volunteer Fire Department: _____

Do you have any Medical problems that would limit your ability to function as a
firefighter? Yes No.

If “Yes” please explain:

DO YOU HAVE A VALID DRIVER’S LICENSE?: Yes No STATE: _____

DRIVERS LICENSE NUMBER: _____

Please list all moving violations in the past three years:

_____.

Have you ever been convicted of any crime, or do you currently have any criminal action
pending against you? Yes No

If “Yes” please explain: _____

TRAINING COMPLETED: _____

TOWN OF PELICAN FIRE & RESCUE

APPLICATION FOR MEMBERSHIP

Page 2

EMPLOYMENT HISTORY: Please list your last three places of employment, beginning with your most recent employer.

1.EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ DATES EMPLOYED: _____

2.EEMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ DATES EMPLOYED: _____

3.EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ DATES EMPLOYED: _____

All statements made above are true and accurate to the best of my knowledge:

Signature of applicant

Date

Witness

Chief

TOWN OF PELICAN FIRE & RESCUE

APPLICATION FOR MEMBERSHIP

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

Applicant Name: _____

Last

First

Middle

Maiden Name: _____

Date of Birth: _____

Current Address: _____

Telephone Number: _____

Driver's License Number: _____ State of issue: _____

Other States of residence:

I, the undersigned, have authorized a criminal history check and hereby consent for the Township of Pelican and any law enforcement agency to conduct a criminal history background check that may include photographs and fingerprints.

I understand that information obtained through investigation by any law enforcement agency will be released to the Pelican Volunteer Fire Department for purposes of determining eligibility for membership.

I also hereby release any Municipal, County, State, or Federal law enforcement agency, and the Township of Pelican, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and release of information.

Applicant's Signature: _____

Witness: _____

Date: _____

FIRE DEPARTMENT OFFICER: Please include a \$5.00 State mandated fee for the computer check. Make checks payable to the Oneida County Sheriffs Department and forward the authorization and fee to the Oneida County Sheriff's Department, ATTN: Detective Bureau, P.O. Box 429, Rhinelander, WI 54501

LAW ENFORCEMENT: Please forward the results of the authorized investigation to the Fire Chief, Pelican Volunteer Fire Department, P.O. Box 252, Rhinelander, WI 54501

