

# 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: \_\_\_\_\_

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**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

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### 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

