

Probationary Membership Application

This application is subject to a six (6) month probationary period after acceptance to the department.

THIS FORM MUST BE SUBMITTED WITH A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE. A WORK PERMIT MUST ALSO BE SUBMITTED IF YOU ARE UNDER THE AGE OF 18.

I wish to become an OPERATIONAL MEMBER _____ AREA OF INTEREST: FIRE FIGHTER _____ EMS _____
I wish to become an ADMINISTRATIVE MEMBER _____

NAME _____
(FIRST) (MIDDLE) (LAST)

CURRENT ADDRESS _____
(HOUSE NUMBER) (STREET NAME) (APT/UNIT NUMBER)

_____ HOW LONG? _____
(CITY) (STATE) (ZIP CODE)

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER: _____ STATE ISSUED BY _____

EMPLOYER NAME _____ WORK PHONE NUMBER _____

EMPLOYER ADDRESS _____ OCCUPATION _____

Have you ever been convicted of any violation of the law, other than minor traffic violations? YES NO (Circle one)
If yes, please explain _____

Your physical condition (please note any impairments) _____

Have you ever made application or been a member of another fire department? YES NO
If yes, where _____ PAID _____ VOLUNTEER _____ HoCo EID # _____

Give 3 character references not related to you. (Use the back of this form if necessary)

(Name) (Address) (Phone Number) (Relationship)

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If elected to membership, I will support the Constitution, adhere to the Bylaws, and obey all rules and regulations of the WFFVD. I will also avail myself of the necessary FIRE/EMS training courses to become a fully competent member. Once I am able to ride apparatus, I acknowledge that I will be expected to participate on a duty crew. I also acknowledge that all statements made in this application are true and correct to the best of my knowledge, and I approve the use of the information provided in this application to conduct a complete background investigation.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS UNDER 18) _____

INTERNAL USE ONLY

RECRUITMENT & RETENTION REC'D _____ DATE _____
APPLICATION REVIEW COMMITTEE _____ DATE _____

