Amherst Fire District

Fire, Rescue and Emergency Medical Service

4585 Fairgrounds Road PO Box 38 Amherst, WI 54406

Name: ___

Victor Voss, Fire Chief

www.amherstfd.org

(715)824-2699 Fax (715)824-2692 info@amherstfd.org

Today's Date:



Application for Membership

First	MI	Last		
Address:			7	
City:		State:	Zip:	
Cell Phone:		Cell Phone Provider:		
Home Phone:		Email Address:		
Are you at least 18 years	old? If no, please	provide your date of birth _		
If yes, explain 1)The convicted. Please no provide complete and	e nature of the crime 2) ote that convictions are d accurate information r	ny or misdemeanor)? Yes The date of conviction and 3 not an automatic bar to emplication of the convictions of a criminal record of the convictions of the conviction of the conviction and the convictions of the conviction and the convictions of the conviction and the convictions of the conviction and the conviction and the convictions of the conviction and the convictions of the conviction and the	3) The state in which oyment. However, failure to s is cause for immediate	
	Positions of Inter	est? (circle all that apply)		
Firefighter	First Responder	Ambulance	Staff Position	
		•	•	
If still attending high s	chool, reference #1 must Additional refe	eferences be from a High School teacher, μ erences must be adults.		
Name	Relationship	Phone Number	E-Mail Address	

Education						
Type of School	Name, City & State	Yea	rs Completed	Graduat	ed	Major or Course of Study
High School						
College						
Post Graduate						
Other						
		•				
		Ce	ertifications			
Туре	State / Nation	onal	Certification / License #		Е	Expiration Date
Firefighter Certification	n					
FMC Ctata Licanas						

Certifications						
Туре	State / National	Certification / License #	Expiration Date			
Firefighter Certification						
EMS State License						
EMS National Registry						
CPR Certification						
ACLS Certification						
PALS Certification						
Other:						
Other:						
Occupation:		Employer:				
Years at Current Job:		Work Hours:				
Why do you want to be a բ	part of this organizati	on?				

Applicant Verification, Authorization and Release Statement

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am accepted, any false statement or omission can lead to immediate dismissal, and I agree that the Amherst Fire District, its agents and employees shall not be held liable in any respect if my membership is terminated for that reason. You are hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history and/or credit and financial records, employment or investigative or credit agencies or bureaus of your choice subject to the provisions of the Fair Credit Reporting Act and any law enforcement agency. I understand that, within a reasonable period, I may make a written request for detailed information concerning such an investigation. I authorize the companies, schools, persons and law enforcement agency named above to give any information requested regarding my employment, character, qualifications and criminal record including any ordinance violation and/or traffic record and release and hold harmless the Amherst Fire District, its agents and employees from any liability. I understand and agree that if accepted, my membership is for no definite period and may be terminated at any time without prior notice and without cause. I further understand that any offer of membership may be conditioned upon the results of a physical examination.

Dated this day of	, 20	
Signature:		
For Office Use:		
Date of Probationary Acceptance or Denial:		
Date of Permanent Membership:		
Officer's Signature:	Officer's Signature:	
Officer's Signature:	Officer's Signature:	