



Ashippun Fire Department

W2464 Oak Street P.O. Box 146
Ashippun, WI 53003

920-474-4223 Fax 920-474-4243
WWW.AshippunFire.com



APPLICATION FOR MEMBERSHIP Personal Information

NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE _____ SS# _____ DL# _____

EMERGENCY CONTACT _____ PHONE# _____

EMPLOYMENT

CURRENT EMPLOYER _____ OCCUPATION _____

PHONE # _____ ADDRESS _____

HOW LONG EMPLOYED _____ SUPERVISOR _____

PREVIOUS (IF LESS THAN 3 YEARS) _____

DESIRED AREA OF SERVICE

FIREFIGHTER _____ EMT _____ BOTH _____

REFERENCES

PREVIOUS EXPERIENCE

ARE YOU NOW OR EVER BEEN A MEMBER OF A FIRE DEPARTMENT? _____

WHEN AND WHERE _____

TRAINING _____

NOTICE TO APPLICANT

By signing this application for membership in the Ashippun Fire Department you acknowledge the following I understand that a background investigation will be conducted of my application. I hereby authorize the release of information to the Board of Directors of the Ashippun Fire Department for the purpose of this membership.

I Understand the above statement and freely agree to its contents, I hereby make application to the Ashippun Fire Department.

SIGNED _____ DATE _____