



Maple Bluff Fire Rescue Department

18 Oxford Place
Madison WI, 53704
Phone: 608-244-3390 Fax: 608-2443901

APPLICATION FOR MEMBERSHIP

(Please Print) Internship _____ FD Volunteer _____ EMS Volunteer _____ Auxiliary _____

Application Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ E-Mail: _____

How did you hear about us?

Friend: _____ Name: _____

Advertisement: News Paper: _____ Website: _____ Flyer: _____ Other: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver License Number: _____ State: _____

Are you known by any other names (alias)? _____

Are you at least 18 years old? Yes _____ No _____

Do you have a high school diploma or equivalent? Yes _____ No _____

What High School Did You Attend? _____

Are you prevented from lawfully becoming employed in this country due to visa or immigration status? Yes _____ No _____

If yes explain? _____

Have you been convicted of a felony? Yes _____ No _____

If yes explain? _____

Current Employer: _____ Dates Employed: _____ to _____

Address: _____ Phone number: (____) _____ - _____

Job Title: _____ Supervisor: _____

May we contact your employer? Yes _____ No _____

List Any Specialized Training, Certifications, License or Skills.

List Previous Fire/EMS Service Experience:

Department Name: _____

Years Served: _____

Rank/Position: _____ Supervisors Name: _____

Phone # (_____) _____ - _____

Department Name: _____

Years Served: _____

Rank/Position: _____ Supervisors Name: _____

Phone # (_____) _____ - _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation/back ground check through the Police Department, State, FBI, or any other recognized organization. I understand and agree that I may be required to take a physical examination as a condition of employment/ membership. In the event of employment/ membership, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer/ membership.

Signature of Applicant

Date