



# Arlington Fire Department

200 Commercial Street  
P.O. Box 18  
Arlington, WI 53911  
608-635-4717

*"Proudly Serving Since 1909"*



## Employment / Membership Application Form

*\*\*\*The Fire Chief / Officers of the organization may verify all information and references given on the application.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell: \_\_\_\_\_  
 \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

Are you at least 18 years of age? (circle one) Yes / No

Current Employer or School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

### **Educational Background:**

Graduating High School / GED: \_\_\_\_\_  
 College / Vocational / Tech School: \_\_\_\_\_  
 Military Experience: \_\_\_\_\_  
 \_\_\_\_\_

### **Previous Firefighting / Emergency Services Organization (ESO) Experience:**

Fire Company / ESO: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Fire Chief / Administrator's Name: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fire Company / ESO: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Fire Chief / Administrator's Name: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Total years involved in firefighting / ESO: \_\_\_\_\_

### Fire Schools / Training (Firefighter / Rescue, EMS, etc.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Health Information:**

Is there any reason that your present health condition/s would prevent or restrict your activities as a firefighter / emergency services provider? (if yes please explain)

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Do you suffer from any fear / phobias that would restrict your activities as a firefighter / emergency service provider? (if yes please explain)

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Will you take a drug test (and pass) to be considered for employment / membership. Yes / No

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**Background Information / Investigation:**

Do you hold a valid driver license: (circle one) Yes / No

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Driver's Lic. Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have your driving privileges been restricted, revoked or suspended in the previous five years? Yes / No If yes explain: \_\_\_\_\_

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Have you ever been convicted of a crime? Yes / No

If yes please explain: \_\_\_\_\_

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I agree to permit the Arlington Fire Department to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization. This information will be held in confidence by the Arlington Fire Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that all information provided in this application is true and complete to the best of my knowledge; anything to the contrary may be grounds for rejection or termination of membership.

I understand that by submitting this application; I agree to serve on the Arlington Fire Department without compensation of any kind. I further agree to abide by the policies and regulations of the Arlington Fire Department and orders given by the company officers.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_