



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)

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

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

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: _____

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

If yes please explain: _____

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: _____

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: _____