

Greenville Volunteer Fire/Rescue Application for Membership

Please print or type the requested information.

No prior firefighting experience is required. All training and equipment will be provided.

Completed applications may be dropped off in person at our Safety Building located at Municipal Drive. To make arrangements to drop off your application at a more convenient time, and talk with a member of the membership committee, call (920) 757-7262.

Once your completed application has been received, the membership committee may complete a background check and schedule an interview with you. After your interview has been completed the Department officers will make a recommendation to the Department whether or not to accept your application. A vote by the membership to accept you as a probationary firefighter and member of the Department will then take place at the next scheduled monthly business meeting.

Personal Information

Name:	(Last)	(First)	(M.I.)	Home Phone:
Current Address:	(Street)	(Apt. #)		Business Phone:
	(City)	(State)	(Zip Code)	Can we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
				If yes, list hours:
Permanent Address:	(Street)	(Apt. #)		Social Security Number:
<small>(if different than current address)</small>	(City)	(State)	(Zip Code)	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Address:	(Street)	(Apt. #)		How long have you lived at your present address?
	(City)	(State)	(Zip Code)	How long did you live at the previous address?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available for membership?
Cell Phone Number				E-mail Address
Drivers License Number		State		

Have you ever been convicted of a crime? Yes No If YES, please explain:

Experience

Do you have any previous firefighting and or rescue experience? Yes No

If yes, please fill out the information requested below. Please be sure to include copies of any training certificates you have received when turning in your application.

Fire Company/ Department:

Address:

Contact:

Phone Number:

Fire Company/ Department:

Address:

Contact:

Phone Number:

Please list any courses that you have completed.

Did you hold any executive office or line officer positions? Yes No

Position: _____	Number of years _____
Position: _____	Number of years _____
Position: _____	Number of years _____
Position: _____	Number of years _____
Position: _____	Number of years _____
Position: _____	Number of years _____

Education

Did you graduate from high school? Yes No

Name of school: _____ Location of school: _____

If no, have you passed a high school equivalency or GED test: Yes No

Location and date of test: _____

Training beyond high school:

College or University, Technical, Nursing, Business College or Other Schools You Have Attended.

College, University or School – Name, Location and Phone Number	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree Received	Credits Earned	GPA
	From	To					

Employment

Please list past and present employers, starting with the most recent.

Title of your PRESENT/MOST RECENT position:	From	To
Employer's Name (Company Name)	Phone Number	
Address:		
Name and title of supervisor:		
PRIMARY DUTIES:		

Title of position held:	From	To
Employer's Name (Company Name)	Phone Number	
Address:		
Name and title of supervisor:		
PRIMARY DUTIES:		

Title of position held:		From	To
Employer's Name (Company Name)		Phone Number	
Address:			
Name and title of supervisor:			
PRIMARY DUTIES:			

Title of position held:		From	To
Employer's Name (Company Name)		Phone Number	
Address:			
Name and title of supervisor:			
PRIMARY DUTIES:			

Title of position held:		From	To
Employer's Name (Company Name)		Phone Number	
Address:			
Name and title of supervisor:			
PRIMARY DUTIES:			

REFERENCES		
Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.		
NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		

Statement of Understandings and Authorizations

I hereby apply for membership in Greenville Fire/Rescue Department (hereinafter know as the Department) and, if accepted for membership, I will comply with the constitution, bylaws, rules, standard operating guidelines, and the conduct expected of Department members.

I authorize the Department to investigate the statements made in this application, I understand that an investigation of these statements may be made, including but not limited to, a criminal background check and a Bureau of Motor Vehicles records check. I understand that omitting or falsifying information in this application or any subsequent interview connected with this application may result in denial of membership or expulsion from the Department.

I hereby authorize the following parties to release any and all information concerning me to the Officers of the Department and their agent:

1. Department of Motor Vehicles of Wisconsin, or any other state driver's license authority;
2. Any Law Enforcement Agency;
3. Any emergency services agency I was ever a member of;
4. Any employer, past or present.

Signature of Applicant: _____

Date: _____

Printed Name: _____

Membership Committee Processing Record (To be completed by Department members only)

Date that application was received: _____

Date of Interview: _____

Date that criminal record check was completed: _____

Date that driver's license check was completed: _____

Recommended for membership YES/ NO, If YES,

Date of membership vote and results: _____