



Town of Wilson First Responders Application for Membership

Dear Applicant:

Thank you for your interest in becoming a member of the Town of Wilson First Responders. Our success as a community service organization depends on knowledgeable, dedicated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a TWFR member is straightforward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A valid Wisconsin driver's license with address must also be present. Following receipt of this completed application you will be enrolled in the upcoming First Responder recruit class.

The objective of the First Responder recruit class is to provide each applicant with the minimum training required to function as a member of this department. It will cover both classroom and practical training that will provide basic First Responder and department operational knowledge.

You will be asked to participate in the regular non- First Responder activities of the First Responders such as Thursday evenings. These sessions will serve to introduce you to the first responder members and likewise them to you. This introduction is important as a confirmation vote of the general membership is required for membership.

First Responder recruit classes are scheduled as required throughout the year. It will require approximately 60 training hours and will include a health physical. Following the receipt of your completed application, you will be contacted to verify the time and location of the starting class. If you have any questions please feel free to call the phone numbers listed below.

On behalf of the Recruitment Committee we look forward to having you as a member of the Town of Wilson First Responders.

Todd Hittman
920-946-6168
todd.hittman@kohler.com



Town of Wilson First Responders
Application for Membership

Attention recruitment committee:

Attached is my application for membership with the Town of Wilson First Responders. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application, and I that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least eighteen years of age for regular membership; a legal resident of the United States, Wisconsin; hold a current Wisconsin driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the Town of Wilson First Responders. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency. I understand that I may need to pass a medical examination, and a drug screening before being voted in as a full member. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from the Town of Wilson First Responders without recourse.

Applicant's Signature _____ Date _____



Town of Wilson First Responders Application for Membership

Please print all information clearly

Personal Information					
Last Name:	First Name:	MI:	Nick Name:		
Physical Address:			Sex: Male	Female	
			<input type="checkbox"/>	<input type="checkbox"/>	
City:	State:	Zip:	Social Security No:		
Email address:			Driver License No:		
Home Phone:	Work Phone:	Other Phone:		Driver License Class:	
Material Status:				Spouse's Name:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Military Service & Employment History					
Military Service:					
Branch:		From:		To:	
Present Employer:					
Work Address:			Position Held:		
City:	State:	Zip:	How long with present employer:		
			years	months	
Work Schedule:		Shift Length:			
<input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights		<input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other			
<input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker					
If less than three (3) years with present employer, list previous employer(s). Most recent first.					
Employer Name:	Address:	Phone:	Reason for Leaving:		
Employer Name:	Address:	Phone:	Reason for Leaving:		
For Office Use Only					
Date received application:		Date of next academy class:		Date contacted for academy class:	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">For Office Use Only</div> Background Check:		Medical Exam:		Drug Screen:	
<input type="checkbox"/> Clear <input type="checkbox"/> N/C		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	



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Approved for LTC: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Approved for Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
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Background Information

Have you ever been convicted of a crime? (Except traffic violations)
 Yes No If yes, give the following information.

Offense Charged	City / County	State	Date	Disposition of Case

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?
 Yes No If yes, list below.

Offense Charged	City / County	State	Date	Disposition of Case

Traffic Record

Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offense Charged	City / County	State	Date	Disposition of Case

Vehicle Insurance Company	Agent	Phone

List all traffic citations you have received in the last five (3) years. (excluding parking tickets)

Offense Charged	City / County	State	Date

List any accidents within the last three (3) years; give approximate date and locations:

Location	Date	At Fault
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Name of School / College	State	Date of attendance	Did you



Town of Wilson First Responders Application for Membership

		From	Until	graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from high school, did you attain a GED? Yes No

First Responder Experience and Training

Have you previously been a First Responder? Yes No If yes, list below:

Name of Organization	Address	From	Until

Are you a certified First Responder? Yes No What level? Date received?

Are you a certified Instructor? Yes No Level? Date received?

Have you attended any First Responder schools? Yes No Attach copies of any certificates you have received

References

Have you ever applied for membership with the Town of Wilson First Responders? Yes No

Are you now a member of another First Responder Unit? Yes No

List any members of the Town of Wilson First Responders with whom you are acquainted.

Name	Phone

List three (3) references, other than relatives and others named above:

Name	Address	Phone	Relationship

Emergency Contact Information



Town of Wilson First Responders
Application for Membership

Name	Address	Phone	Relationship
Why do you want to become a member of the Town of Wilson First Responders?			

Medical Information		
Name of physician	Address	Phone
Blood type:	Date of last tetanus shot:	
Allergic reactions (medication, insect bite, etc.)		
Special medical problems / needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently taking medication prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been treated for a work or emergency service related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any defects, diseases, or deformities that may interfere with first responder activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Statement of Veracity		

Town of Wilson has to have the original Pre-check form on the following page prior to processing the application. It can be mailed at the address below.

Town of Wilson First Responders
5935 South Business Drive
Sheboygan, WI 53081



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PRE-EMPLOYMENT DISCLOSURE & RELEASE

(PLEASE PRINT)



Tel: 713-861-5959
1-800-999-9861
Fax: 1-800-207-2778

■ APPLICANT'S FULL NAME: _____

Any Other Name You Have Worked Under: _____

Social Security No.: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Driver's License No.: _____ State: _____

My Present Employer May Be Contacted For a Job Reference: Yes No

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report and/or investigative consumer report may be made in connection with my application for employment with prospective employer. (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that prospective employer and PreCheck, Inc., may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

■ APPLICANT'S SIGNATURE: _____ DATE: _____

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

² A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

³ An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.