

# MONTICELLO FIRE-RESCUE

P.O. Box 476  
412 N. Main St  
Monticello, WI 53570

## Application for Membership

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (Cell)

Date of Birth: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

How long at current address: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Describe job duties: \_\_\_\_\_

Employer: \_\_\_\_\_ How long: \_\_\_\_\_

Work hours and days: \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

Describe if applicable: \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of any traffic violations or had any traffic accidents in the last 5 years?

Yes No

Describe if applicable: \_\_\_\_\_

Do you have previous firefighting or EMS training? Yes No

Describe: \_\_\_\_\_

Any special skills that you believe would be helpful to the Department:

Describe: \_\_\_\_\_

Are you available every Tuesday evening for meeting and training sessions? Yes No

What is your reason for applying for membership? \_\_\_\_\_  
\_\_\_\_\_

Personal references (other than family): Please include name, address and telephone number:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Professional reference: Please include name, address and telephone number:

- 1) \_\_\_\_\_

I hereby certify that all information contained in this application is truthful, complete and correct. This form will authorize any organization, institution or person that has any records or knowledge of me, to give the Monticello Fire Department any such information. This information is to be used solely in my application for membership in the Monticello Fire Department. A photographic copy of this authorization shall be as valid as the original.

Applicant Signature: \_\_\_\_\_

For Membership officer's committee use only:

Application: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected

If rejected, reason: \_\_\_\_\_

Membership officer committee signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_