

**MOUNT HOREB AREA JOINT FIRE DEPARTMENT AND EMS**  
**Membership Application**



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Date of Birth		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid WI Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>
If suspended, please explain.			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		City, State:	
From	To	Diploma or G.E.D.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		City, State:	
From	To	Degree:	

REFERENCES	
<i>Please list three professional/work related references.</i>	
Full Name	Phone ( )
Address	
Full Name	Phone ( )
Address	
Full Name	Phone ( )
Address	

EMPLOYMENT	
Company	Phone ( )
Address	
Job Title	Supervisor
May we contact your supervisor for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you work in or near the Village of Mount Horeb, will you be able to leave work for a fire or EMS call? YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>PAST EMPLOYMENT</b>	
Company	Phone ( )
Address	

<b>Fire Department and EMS Experience</b>			
Department		Position or Rank	
Address		From:	To:
Department		Position or Rank	
Address		From:	To:

<b>CERTIFICATIONS AND LICENSES:</b>			
Entry Level Firefighter	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Firefighter I Level YES <input type="checkbox"/> NO <input type="checkbox"/> Firefighter II Level YES <input type="checkbox"/> NO <input type="checkbox"/>
WI State Licensed EMT-Basic	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WI State Licensed EMT-IV Tech YES <input type="checkbox"/> NO <input type="checkbox"/>
WI Driver's License #			

<b>ADDITIONAL TRAINING, SPECIAL COURSES, CERTIFICATIONS OR LICENSES</b>

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
<p>Approval of this application by the Mount Horeb Area Joint Fire Department and EMS Membership Committee will place the applicant on a seniority waiting list based on the date of application. When a vacancy occurs on the department, an appointment will be made accordingly from the top of the waiting list.</p> <p>As a possible candidate for FDMH-EMS, an investigation into your background, character, employment, driving record, arrest and conviction history, etc. will be conducted by the department. Any falsification of information or misrepresentation will be cause for rejection.</p> <p>I hereby authorize the Mount Horeb Area Joint Fire Department and EMS to contact all references and to conduct any investigations necessary. I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date