

Wabasso Fire Department
Membership Application

Personal Information

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Cellular _____
Social Security Number _____
Do you have, or can you obtain a valid Minnesota drivers license? _____
Drivers License Number _____
Do you have a CDL or prior truck driving experience? _____
Has your drivers license ever been revoked or suspended in Minnesota or any other state?
If yes, please explain:

The Wabasso Volunteer Fire Department is an Equal Opportunity Employer. Qualified applicants will be considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, citizenship or disability.

Employment Information

Employers Name _____ Occupation _____
What hours do you normally work? _____
Do you travel out of town for work? _____ How often _____
Will your employer allow you to attend fires during work hours? _____
Are you a United States Citizen? _____
Are you eligible to work in the United States? _____
Is English your primary Language? _____
Can you read and write English? _____

Experience

Have you previously been a member of a Fire Department? _____
Do you have any previous firefighter training? _____
If yes, can you provide documentation and training records? _____
Can you provide documentation to support prior training? _____
Department training and meetings take place on Mondays evening. Do you have prior commitments that prevent you from attending these meetings? _____
Do you have any other skills that you think help the fire department?

Physical Ability

Firefighting is a physically demanding occupation. Do you have any physical limitations or medical conditions that would prevent you from serving as a firefighter? _____
 If yes please explain: _____

References

Please provide two personal references: (Not a relative)

Reference	Name	Relationship	Phone Number
Reference 1:			
Reference 2:			

Employment References

Please provide information about your last two employers:

Reference	Name	Address	Phone Number
Reference 1:			
Reference 2:			

Do you currently serve in the military? ___Yes ___No
 Have you ever served in the military? ___Yes ___No
 If yes, were you honorably discharged?_____

Have you ever been convicted of felony? ___Yes ___No
 If yes, please describe:

I understand and agree that, if hired, my employment is at will (i.e. for no definite period) and regardless of the date of payment of wages, I may be terminated at any time with our without prior notice or cause.

I understand that any untrue statement in this application will be just cause for dismissal. I understand that this application will be considered current for 90 days. A new application must be completed for further consideration after 90 days.

I have read and fully understand the foregoing statements.

Signature of Applicant X_____

Authority to Investigate Personal Information

I hereby authorize the city of Wabasso, Minnesota, to conduct investigation into my background including criminal history, driving record, previous employment, educational background, medical history, and to conduct any other investigation that it deems appropriate.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officer or other appropriate persons to furnish the City of Wabasso with all information it may have pertaining to me. I hereby release the City of Wabasso, Minnesota such custodians and any law enforcement agency, judicial officer or any other individual from any liability arising from and disclosure of any information pertaining to me which is obtained during said investigation.

My Full Name (please print):

Address

(number and street)

(city, state and zip code)

Date of Birth: _____

Driver License No: _____

Social Security No: _____

I hereby give permission to for the release of any and all information as may be deemed necessary by the City of Wabasso.

(type or print full name)

(signature)

(date)

(witness signature)

(date)