



Mazomanie Volunteer Fire Department

133 Crescent St.
Mazomanie, WI 53560
www.mazofire.com

APPLICATION FOR MEMBERSHIP

Last Name: _____ First Name: _____ Middle Initial: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell / Home Phone: (____) _____

How did you hear about us? _____

Why do you want to join the Fire Department? _____

Social Security Number: _____ Date of Birth: _____

Driver License Number: _____ State: _____

Are You Known By Any Other Names? _____

Are You 18 Years Old? Yes _____ No _____

Do you have a high school diploma or equivalent? Yes _____ No _____

What High School Did You Attend? _____

Are you prevented from lawfully becoming employed in this country due to visa or immigration status? Yes ___ No ___

If yes, please explain _____

Have you been convicted of a felony? Yes ___ No ___

If yes, please explain _____

Current Employer: _____ Dates Employed: _____ to _____

Address: _____

Phone number: (____) _____

Job Title: _____ Supervisor: _____

May we contact your employer? Yes _____ No _____

List Any Specialized Training, Certifications, Licenses:

List Any Special Interests:

List Previous Fire/EMS Service Experience:

Department Name: _____

Years Served: _____

Rank/Position: _____ Supervisors Name: _____

Phone: (____) ____ - _____

Department Name: _____

Years Served:

Rank/Position: _____ Supervisors Name: _____

Phone: (____) ____ - _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation/background check through the Police Department, State, FBI, or any other recognized organization. I understand and agree that I may be required to take a physical examination as a condition of employment/ membership. In the event of employment/ membership, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations and By-Laws of the employer/ membership.

Signature of Applicant

Date

