

SPRING GROVE FIRE PROTECTION DISTRICT

APPLICATION FOR MEMBERSHIP

DIRECTIONS: Complete the entire application answering the questions to the best of your knowledge. Intentionally providing misleading information may void the application or result in subsequent dismissal from the Department or Squad. Carefully read the statement at the end of the application and sign on the appropriate line. Attach copies of ALL current licenses and certificates as specified. Failure to do so will result in a delay in processing. Return the application in the envelope provided to the Fire Chief.

LAST NAME FIRST NAME MI

CURRENT STREET ADDRESS

CITY STATE ZIPCODE

HOME PHONE NUMBER INCLUDING AREA CODE

MAY WE CONTACT YOU AT WORK? _____

WORK OR CELL PHONE NUMBER INCLUDING AREA CODE

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____
(You must be at least 18 years of age to be a member of the Spring Grove Fire Department and or Rescue Squad.)

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ CLASS _____

HAVE YOU PLEAD GUILTY OR HAVE YOU BEEN CONVICTED OF ANY TRAFFIC VIOLATIONS, MISDEMEANORS OF FELONIES WITHIN THE LAST FIVE (5) YEARS? _____

IF YES, PLEASE EXPLAIN: _____

EMPLOYMENT

CURRENT EMPLOYER

STREET ADDRESS OF EMPLOYER

BUSINESS PHONE NUMBER INCLUDING AREA CODE

HOW LONG HAVE YOU WORKED FOR THIS COMPANY? _____

YOUR PRIMARY OCCUPATION _____

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR EMPLOYER TO
VERIFY YOUR WORK RECORD? _____

IF YES, PLEASE EXPLAIN: _____

LIST BELOW, IN REVERSE ORDER, PREVIOUS EMPLOYERS, DATES OF
EMPLOYMENT AND JOB TITLE. INCLUDE FIRE, RESCUE AND AMBULANCE
EXPERIENCE EVEN IF VOLUNTEER. IF YOU HAVE WORKED FOR THE SAME
EMPLOYER FOR AT LEAST 10 YEARS, DO NOT COMPLETE THIS PART OF
THE APPLICATION EXCEPT FOR FIRE, RESCUE AND AMBULANCE
EXPERIENCE. ATTACH ADDITIONAL PAGE IF NECESSARY. LIMIT
DOCUMENTATION TO THAT TIME SINCE HIGH SCHOOL OR TO 10 YEARS OF
EMPLOYMENT, WHICHEVER IS LESS. PLEASE INDICATE ANY EMPLOYER
YOU WOULD RATHER WE NOT CONTACT.

EMPLOYER OR FIRE/AMBULANCE SERVICE

CITY, STATE

DATES OF EMPLOYMENT

TITLE

EMPLOYER OR FIRE/AMBULANCE SERVICE

CITY, STATE

DATES OF EMPLOYMENT

TITLE

EMPLOYER OR FIRE/AMBULANCE SERVICE

CITY, STATE

DATE OF EMPLOYMENT

TITLE

EMPLOYER OR FIRE/AMBULANCE SERVICE

CITY, STATE

DATE OF EMPLOYMENT

TITLE

EDUCATION

HIGH SCHOOL CITY, STATE

DID YOU GRADUATE? YES _____ NO _____

COMPLETE GED? YES _____ NO _____ N/A _____

COLLEGE OR TECHNICAL SCHOOL YEARS COMPLETED _____

LIST DEGREES ATTAINED AND SCHOOL:

DEGREE SCHOOL DATE

DEGREE SCHOOL DATE

LIST ADDITIONAL LICENSES AND CERTIFICATIONS YOU HAVE OBTAINED.
INCLUDE THE DATE AND THE SCHOOL WHERE YOU COMPLETED THE
TRAINING. ATTACH CURRANT COPIES WHERE PERTINENT TO THE FIRE,
RESCUE OR AMBULANCE SERIVCE.

LICENSE OR CERTIFICATION DATE OBTAINED

LOCATION OF SCHOOL OR TRAINING SITE

LICENSE OR CERTIFICATION DATE OBTAINED

LOCATION OF SCHOOL OF TRAINING SITE

LICENSE OR CERTIFICATION DATE OBTAINED

LOCATION OF SCHOOL OR TRAINING SITE

LICENSE OR CERTIFICATION DATE OBTAINED

LOCATION OF SCHOOL OR TRAINING SITE

LICENSE OR CERTIFICATION DATE OBTAINED

LOCATION OF SCHOOL OR TRAINING SITE

NAME OF APPLICANT: _____

POSITION: _____

DECLARATION/AUTHORIZATION/HOLD HARMLESS

CAREFULLY READ THE STATEMENT BELOW. SIGNING THAT YOU AGREE WITH ITS CONTENT.

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION FOR THE SPRING GROVE FIRE PROTECTION DISTRICT AND THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS MAY VOID THIS APPLICATION AND THAT IF DISCOVERED AFTER MEMBERSHIP MAY BE GROUNDS FOR IMMEDIATE DISMISAL FROM THE DEPARTMENT OR SQUAD. BY MY SIGNATURE, I AUTHORIZE THE SPRING GROVE FIRE PROTECTION DISTRICT TO INVESTIGATE THE INFORMATION I HAVE PROVIDED. I FURTHER AGREE TO SUBMIT TO A PHYSICAL EXAM AS REQUIRED BY THE DISTRICT. I AUTHORIZE THE DISTRICT OR THEIR REPRESENTATIVE TO CONTACT PREVIOUS EMPLOYERS EXCEPT THOSE FOR WHOM I HAVE REQUESTED NOT TO CONTACT. I AUTHORIZE CONTACT OF THE LISTED REFERENCES, AND A STATE OF ILLIONIS BACKGROUND CHECK. I DO RELEASE AND FOREVER HOLD HARMLESS THE SPRING GROVE FIRE PROTECTION DISTRICT, ITS BOARD OF TRUSTEES, CHIEF, OFFICES AND MEMBERS FROM ANY CLAIM ARISING OUT OF THEIR COMPLETION OF A REFERENCE CHECK. FINALLY, I UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT ASSURE ME MEMBERSHIP OR OBLIGATE THE SPRING GROVE FIRE PROTECTION DISTRICT IN ANY MANNER.

SIGNATURE OF APPLICANT

DATE

To Whom it May Concern:

I _____ have applied to the Spring Grove Fire Protection District for
(Print Name)
a position as a _____. You are authorized to provide them with
information relating to my employment history (include disciplinary issues), training,
credit history, or reputation which will be used in the selection process.

I hereby release you and/or your employer from any and all liability or damages of
whatever nature resulting from the release of requested information.

I do hereby authorize Spring Grove Fire Protection District to make copies of this signed
form as necessary to complete their investigation.

The release does not include _____ whom I do not
want you to contact at this time.

EXPLAIN:

SIGNATURE _____

DATE _____
