



Merrillan Volunteer Fire Department & First Responders

101 S. Main St. P.O. Box 70
Merrillan WI 54754

Application for Membership

Date Submitted _____

Position (s) Applying for:

Firefighter _____ First Responder _____

Personal Information

Name _____ SSN# _____
Last First Middle

Address _____

Phone No. _____ Are you 18 years of age or older? YES___ NO___

Date of Birth _____ Height _____ Weight _____

Married _____ Single _____ Number of Dependents _____

Spouse's Name _____

If Married, Does your spouse Object to your Membership? YES___ NO___

Current Employer _____

Position _____

Would your Employer Allow you to respond during working hour? –

First Page YES ___ NO ___ Second Page (more help needed) YES___ NO___

Health

Have you had any previous Injury to your joints, Back, Head, or Neck? YES___ NO___ If
yes, when? _____ Has your Doctor released you to full duty _____ or restricted
duty _____. If restricted explain _____

Do you have any of the following? (Explain)

___ Allergies to what _____

___ Lifting Restrictions _____

___ Respiratory Disease _____

___ Diabetes _____

___ Heart Disease _____

___ Hernia _____

___ Seizures _____

___ Dizziness _____

___ Have Hearing, Sight, or Speech difficulties _____

___ Fear of Heights

___ Fear of Confined Spaces

___ Does the sight of Blood or Injury bother you excessively?

Legal

Do you have a Valid Wisconsin Driver's License? YES___ NO___ Number _____

Are there restrictions on your Driver's License? _____

Have you received a traffic violation in the last three years? YES___ NO___ If yes, date and violation _____

Have you ever been convicted of a Felony? YES___ NO___ If yes, date and violation _____

Education

High School _____ Graduate? YES___ NO___ Years Attended _____

Technical College _____ Graduate? YES___ NO___ Years Attended _____

University College _____ Graduate? YES___ NO___ Years Attended _____

Field of Study _____

History/ Experience

Have you ever been a member of a Fire, Ambulance, or First Responder service before?

YES___ NO___ If yes, Where and how long. _____

Contact Info _____

Do you have any interest or experience in building, pumps, electrical or vehicle

maintenance and/or repair? YES___ NO___ SOME___ Explain _____

Have you had any First Aid, Rescue, Hazmat, or Fire Training? _____

If yes, when and where? _____

List any other skills you have _____

What time of day would you be available to respond typically? _____

Realizing that you will be required to attend meetings and trainings monthly, besides actual calls; do you feel that you have the time and motivation to become a Firefighter and / or First Responder? YES___ NO___

List any organizations that you belong to: _____

What other interests do you have? (i.e. Hobbies, Sports, Etc.) _____

What is the approximate time it will take you to respond to the Fire Hall from home, obeying traffic laws? _____

What is the approximate time it will take you to respond to the Fire Hall from work, obeying traffic laws? _____

Please tell us why you wish to become a member? _____

The Merrilan Volunteer Fire Department and First Responders thank you for your interest and cooperation in completing this application. All Answers are for the use of the Department and will be kept confidential. After a background check has been completed, you will be required to be interviewed by the Screening Committee. Then the Committee will present its recommendation to the members at the next monthly meeting. At which time the members will vote to accept or decline the Committees recommendation. You may be required to take a physical exam, which is paid for by the department.

Once you are a member you will serve a one-year probationary period during this time you will be required to take either Firefighter Entry Level Part 1 & 2 or First Responder Training. You will also get department certified on all equipment and apparatus by the training officers and /or the fire chief. You will be given a copy of the bylaws, which you will need to read and sign which will explain department requirements.

All Firefighters are encouraged to be CPR Certified.

Notes and / or Comments: _____

I certify that all of the information given by me on this application is correct and true to the best of my knowledge. I understand that if information is Falsified, and discovered I will be subject to Immediate dismissal from the department and this application will be nil and void.

Signature _____ Date _____

Employing Agency

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the Merrilan Fire Department or other authorized representative bearing release to, within one year of this date; obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies.
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files/
6. Any previous employer
7. Present Employer
8. Any school, college, university or other educational institution

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).
2. _____
3. _____

Signature (full name): _____

Address: _____

City/State/Zip: _____

Date: _____

Witness: _____