



# Clayton Fire Rescue

## 8348 County Road T - Larsen, 54947

---

### Membership Application

Position Applying For (Check One) -  Firefighter  First Responder  Both

#### General Info

Name (Last, First, Middle) -

Current Address -

Home Phone -

Work Phone -

Cell Phone -

Social Security Number -

#### Personal Data

Preferred Name/ Nickname -

Date of Birth -

Full Time Occupation -

Valid Driver's License # -

Has your driver's license ever been suspended/revoked?  Yes or  No

If Yes, Explain -

Please List Other States You Have Lived In -

#### Emergency Contact Information

Name -

Relationship -

Address -

Contact Numbers -

**Education & Training**

Name of High School Attended -

Address -

Name of College or University -

Address -

Other relevant training that should be included in your fire service/first responder files -

Special Skills, Interests & Hobbies -

**Employment Information**

Current Employer -

Address -

Phone -

Dates Employed -

Previous Employer -

Address -

Phone -

Dates Employed -

**Fire Service/ First Responder/ EMS Experience**

Have you ever served on another fire department or as a first responder?  Yes or  No

If yes, complete the following:

Name and Address of the fire department/ ems department -

Phone -

Dates of Service -

**References**

*Please Note: List as character references two persons you have known for at least three year and who are not related to you. You may not list past employers.*

Name -

Address -

Phone -

Occupation -

Name -

Address -

Phone -

Occupation -

**Other Information**

Do you have any physical ailments or disabilities that might impair your full and safe participation in firefighting activities or as a first responder? Yes or No

If yes, please explain -

Are you able to drive a vehicle with a standard transmission? - Yes or No

Do you have access to a reliable vehicle at all times? - Yes or No

Are you able to climb? Yes or No      Do you feel comfortable with heights? Yes or No

Have you ever been convicted of any crimes, other than minor traffic citations? Yes or No

If yes, where, when and what was the disposition of the offense?

Application is not complete until you have read and signed the page below.

**Equal Employment Opportunity:** Clayton Fire Rescue values diversity in the workplace. Men & women of all ages, cultural and ethnic backgrounds, religious & political affiliation, national origins & persons with disabilities are encouraged to apply.

**To Apply:** Complete and submit an official Clayton Fire Rescue application for membership form. Application shall be completed in full. We may wish to contact you by mail or phone. It is your responsibility to make sure contact information is correct and current. Any changes must be made by the applicant in person or through signed, written communication.

This application form is neither a guarantee of membership nor an offer of membership.

**Certification & Authorization:** I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should an investigation disclose misrepresentation, omissions or falsification, my application may be rejected, or if a member, my membership and all rights and privileges of my membership may be immediately terminated. My signature on this application indicates that I have read the Employee Requirements and I understand that the job of a firefighter or a first responder is physically challenging and that my membership is dependent upon my successful completion of a physical examination to be conducted by designated occupational health provider and that I receive a favorable background investigation including a driving license check and drug test.

If accepted as a firefighter/ first responder, I acknowledge that I may hear or see things that are of a confidential nature and pledge that I will keep that information confidential.

I authorize the investigation of all statements contained herein, and direct the custodian of any records relevant to the confirmation of these to release such information necessary for verification. I release an individual, institution, business or organization from any liability for damages, which might arise from the release of pertinent information.

I have read the statements above and by my signature agree to these provisions.

Signature Of Applicant - \_\_\_\_\_

Date - \_\_\_\_\_