



# Union Grove - Yorkville Fire Department

## Membership / Employment Application

Application Date: \_\_\_\_\_

Applying for:

FIRE \_\_\_\_\_ EMS \_\_\_\_\_

Membership \_\_\_\_\_ Employee \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Education

#### High School

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

If you did not graduate, did you receive your GED? Yes No

#### College or University

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

#### Technical or Vocational School

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? Yes No Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree/Certification: \_\_\_\_\_ Specialty: \_\_\_\_\_

### Employment

#### Present or Most Recent Employer

Start Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

#### Prior Employer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

#### Prior Employer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact? Yes No Supervisor: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**Military Experience**      **NA**     

Branch of Service: \_\_\_\_\_ Rank in Military: \_\_\_\_\_  
Active: \_\_\_\_\_ Reserve: \_\_\_\_\_ Attended from \_\_\_\_\_ to \_\_\_\_\_  
Skills/Duties: \_\_\_\_\_

**Supplementary Information**

Have you applied to this Department previously?      Yes No      If Yes, when? \_\_\_\_\_  
Have you been employed by this Department previously?      Yes No      If Yes, when? \_\_\_\_\_  
    Position held: \_\_\_\_\_ Reason for leaving? \_\_\_\_\_  
Do you currently know anyone on this Department?      Yes No      If Yes, when? \_\_\_\_\_  
Do you hold a current/valid Wisconsin driver's license?      Yes No      DL# \_\_\_\_\_

**Personal References** *(Please avoid using family members)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Profession/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

**Please Read Carefully and Sign Below**

All information provided and statements made by me as part of this application or as part of any additional information provided in support of this application are complete, correct and true to the best of my knowledge.  
I understand that if I am accepted for membership and/or employed by the Union Grove - Yorkville Fire Department, any/all false information or statements provided made as part of this application may be considered just cause of dismissal. All information or statements made are subject to verification.  
I understand and authorize the Union Grove - Yorkville Fire Department or other authorized representative bearing this release, to view and verify all aspects of my background and qualification(s) listed above.

**Must be included with your application:**

- \_\_\_\_\_ DHFS Background Information Disclosure Form
- \_\_\_\_\_ Review of Driving Record Certification of Violations

*If licensed/certified, please included with your application:*

- \_\_\_\_\_ Copy of Firefighter Certification(s) and/or EMS Licensure
- \_\_\_\_\_ Copy of additional certifications/trainings related to the position (Example: CPR/AED certification card)
- \_\_\_\_\_ Additional copies of certifications/licensures related to the position

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date:**