



MARSHALL VOLUNTEER FIRE COMPANY FIREFIGHTER APPLICATION

Please print or type all information and return to:

Marshall Volunteer Fire Company (MVFC)
Attention: President
119 Industrial Drive/ P.O. Box 430
Marshall, WI 53559-0430
Phone: (608) 655-3322, Fax: (608) 655-1962

We are not responsible for errors made by the mail system or for mechanical failure of a FAX machine. If you use a FAX machine, the original document must be mailed to our office within three days after our receipt of the FAX. Exceptions are not granted.

Last Name:		First Name:		Middle Name:	
Present Street Address (Number, Street, City, State, Zip):			Home Phone Number: () Cell Phone Number: ()		
Mailing Address if Different than above (Number, Street, City, State, Zip):			Social Security Number: _____ - _____ - _____		
Are you a U.S. Citizen, or do you have an entry permit which allows you to work? [] Yes [] No		Are you at least 21 years of age? [] Yes [] No		Date of Birth: ____/____/____	
Do you have a valid driver's license? [] Yes [] No	If "yes" provide driver's license number:	State:	Expiration Date:	Do you have access to a car? [] Yes [] No	
Do you have any fire department experience? If "yes" please explain:			Length of residence in Marshall Fire Department District:		
<p>Since your 18th birthday, have you EVER been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a pending charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with State law and Village Ordinances, pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job.</p> <p>[] Yes [] No Explain (if necessary attach a separate sheet of paper with further details):</p>					
<p>MVFC routinely verifies conviction, driving and other information listed on this application. If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for MVFC membership. Failure to admit convictions will result in disqualification. If you are a MVFC member, you will not be eligible for promotion. Additionally, MVFC members may be subject to disciplinary action up to and including dismissal from the department. If you are unsure of how to respond to this or any other questions, IT IS YOUR RESPONSIBILITY to check with any MVFC board member for information/clarification.</p>					

Grammar & High School Circle highest year completed 1 2 3 4 5 6 7 8 9 10 11 12	Name & Location of High School	Year Graduated	Do you have a GED or High School Equivalency Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a		
TRAINING BEYOND HIGH SCHOOL (College or University, Business College or other schools you have attended) Undergraduate credits earned, indicate "Q" for Quarter hours and "S" for semester hours			Circle the number of years in College or University 1 2 3 4 5 6 7 8		
Name & Location of Institution	Dates Allowed From - To	Credits	Major	GPA/Base	Degree & Year
Describe any education or training not covered above, vocational school, correspondence course, service schools, in-service training, which you feel is relevant to a position as a firefighter on MVFC. Include relevant licenses, certificates or other information you may feel might be pertinent to the position. (BE SPECIFIC)					

WORK EXPERIENCE

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) For part-time work, show the average number of hours per month. Indicate any changes in job title under the same employer as a separate position. Volunteer work experience to be considered must include names of individuals to verify type of work, hours worked, etc.

Employer:	Kind of Business:	Location (City, State, Zip Code):
Your Title:	Reason for Leaving:	Name, Address & Phone Number of Supervisor:
Your Duties:		



MARSHALL VOLUNTEER FIRE COMPANY
AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower a member of the Marshall Volunteer Fire Company, or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, 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 purpose of obtaining credit or employment data)
5. Credit rating bureaus or institution
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution
9. Any law enforcement or jail officer

This release is executed to authorize the Marshall Volunteer Fire Company, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my application for membership and shall not be further disseminated for any purpose.

 (Date)

 Signature (full name)

 Address – Street and Number

 City State Zip

Please Print:

 First Name M.I. Last Name Date of Birth Driver's license #

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not granting membership or dismissing you after already becoming a member. All information provided and statements made are subject to verification.

CERTIFICATION

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 employed, false information provided or false statements made as part of this application may be considered as cause for dismissal.

Applicant Signature: _____ Date Signed: _____

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an applicant for the position of firefighter not be revealed without my consent or until required under law.

Applicant Signature: _____ Date Signed: _____