Stockbridge Community Fire Department
PO Box 24, Stockbridge WI 53088-0024
Serving the Village & Town of Stockbridge since 1949

APPLICATION FORM

Date			
Name			
Address			
How Long Have You Lived at this Address			
Social Security #			
Drivers License #		*Is it Valid Yes	No
Home Phone #	Work Phone #		
Cell Phone #	Email		
Date of Birth	Height	_ Weight	_ Sex
Municipality you Live In			
Distance from Fire Station in Miles			
Previous Fire Fighting/EMS Experience or Exp	perience Beneficial	to the Job	
Present Employer			
Employer Address			
Hours you Work/Schedule	How long have	you been employed	
May We Contact Your Employer			
Will you agree to a background check? Yes _		No	

In Case of an Emergency, Notify	
Address	Phone #
Cell Phone	
Relationship to You	
Signature	
obtained by contacting the Department selecting DMV online services, this will also print and mail in a Vehicle Driver F	ubmit a current driving record with your application. This may be of Transportation in Madison at www.wisconsindmv.gov and give you the option to download a printable version or you may Record Request Form MV2896 or call them at (608) 266-2353.
 Attend (7) monthly training Carry a pager 24/7 Respond to all calls when Be able to work in extreme Be able to work in zero vis Be able to climb ladders a Drive fire apparatus – CDI Be physically able to wear and SCBA that weighs bet Perform extremely strenuc unfavorable conditions Take and successfully cor completing a one-year prol Follow all Standard Opera 	e heat and cold d spaces sibility nd work in high places not required r, for long periods of time, a complete set of protective clothing
Are there any of these conditions/expe	ctations that you cannot adhere to or are unable to perform?
Applicant Signature	Date

FOR INTERNAL USE ONLY

DATE APPLICATION RECEIVED	WAS APPLICATION COMPLETE	
DRIVING RECORD ATTACHED?		
DATE APPLICATION REVIEWED BY OFFICE	CERS	
CHIEF	ASSISTANT CHIEF	
CAPTAIN	_ CAPTAIN	
LIEUTENANT	_ LIEUTENANT	
APPLICATION WAS APPROVED/DENIED AS PRESENTED AND VOTED ON BY THE MEMBERSHIP ON		