



Stone Bank Fire Department

W335 N7107 Stone Bank Road, Oconomowoc, WI 53066
Phone: (262) 966-2414 FAX: (262) 966-2831

Date Application Received: _____
Assigned SBFD Member ID#: _____
Membership active start date: _____

MEMBERSHIP APPLICATION

INSTRUCTION TO APPLICANT: *Please read through the entire application before answering. Please answer all questions completely, by printing in ink. Failure to answer all questions completely may result in rejection of the application. All information will be kept confidential.*

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Driver's License # _____ Exp. Date _____

Job History

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Dates of Employment: _____

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Dates of Employment: _____

Additional Job History - Fire/EMS History

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Dates of Employment: _____

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Dates of Employment: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List of Fire/EMS Certifications, If other the Wisconsin what State:

References

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Work Location: _____ E-mail Address: _____

Phone: () _____ Cell Phone: () _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Work Location: _____ E-mail Address: _____

Phone: () _____ Cell Phone: () _____

Name: _____ Relationship: _____

Address: _____ Years Known: _____

Work Location: _____ E-mail Address: _____

Phone: () _____ Cell Phone: () _____

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for a position as a member may be necessary in arriving at a service decision.

I agree to conform to the Stone Bank Fire Department's rules and regulations.

SIGNATURE OF APPLICANT: _____

DATE: _____

CC: Chief _____
Member File _____
Applicant _____