

Brussels – Union – Gardner Fire Dept.

PO Box 6
Brussels, Wisconsin 54204

Station 1
1080 Cty C

Station 2
3116 N. Stevenson Pier Rd

Application for Volunteer Firefighter

(Incomplete Applications will not be accepted)

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Gender (M=Male, F=Female) _____ Are you over the age of 18? ____ Yes ____ No

Telephone # (Home) _____/_____/_____ Telephone # (Business)
_____/_____/_____

Date of Birth _____-_____-_____ Social Security Number _____-_____-_____

Valid Drivers License Number

Place of Employment

Address _____ City _____ State _____ Zip Code _____

Supervisors Last Name _____ First Name _____

Beneficiary of Insurance (to be completed upon hire)

Last Name _____ First Name _____ Middle Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Please list Name of Schools attended and your levels of education

School _____ City/State _____ No. of years ____ Year
Graduated _____

School _____ City/State _____ No. of years ____ Year
Graduated _____

School _____ City/State _____ No. of years ____ Year
Graduated _____

Please list any other skills you feel will be helpful to our department.

Current Training (IE: CPR, First Aid, etc.)

Please list any licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

Have you ever been convicted of a Crime including misdemeanor, felony or any other crime? _____ If yes, please explain _____

References – Please list at least three

Name _____ Number of years acquainted

Address

City, State, Zip

Telephone Number

Name _____ Number of years acquainted

Address

City, State, Zip

Telephone Number

Name _____ Number of years acquainted

Address

City, State, Zip

Telephone Number

Applicant - please read carefully and sign below

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification. All Applicants are subject to a background check.

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.

Signature _____ Date

- All applicants must have a valid drivers license.
- All applicants must be permanent residents within the BUG FD Service Area. Exceptions may be reviewed on a case by case basis depending on location relative to stations.
- Mail completed application to PO Box 6, Brussels, WI 54204