

# TOWN OF PESHTIGO FIRE DEPARTMENT APPLICATION

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last) (First) (M.I.)

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

How long have you resided at your present address? \_\_\_\_\_

Previous address if less than 3 years. \_\_\_\_\_

Own Home: \_\_\_\_\_ Rent: \_\_\_\_\_

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

Would your employer release you from work for an emergency call? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, date of such arrest or conviction and where. \_\_\_\_\_

## Education

High School Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

Name of School Graduated from and year. \_\_\_\_\_

List any specialized training pertinent to fire service: \_\_\_\_\_

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How did you hear about our department? \_\_\_\_\_

Any military Background? If yes, dates of service. \_\_\_\_\_

## Medical Information

Physician's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Do you have any physical limitations that would prevent you from performing the required duties of the Town of Peshtigo Fire Department? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Passing a Physical Examination and Drug Screening and background check is Required**

*I authorize investigation and background checks of all statements contained in this application. I understand that misrepresentation or omission of facts required is cause for dismissal and that I authorize the Town of Peshtigo to take such action as deemed necessary..*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_