



"Proudly Serving the Community Since 1866"

# Cedarburg Fire Department

# *Membership Application*

Updated 2017

# **CEDARBURG VOLUNTEER FIRE DEPARTMENT**

## **CEDARBURG, WISCONSIN**

### **INTRODUCTION**

The Cedarburg Volunteer Fire Department is an organization “Devoted to the Preservation of Life and Property”. The Cedarburg Volunteer Fire Department is the primary emergency response agency for all fire and medical emergencies within the city and town of Cedarburg. Members of the Cedarburg Volunteer Fire Department are called upon to respond to fire calls, medical emergencies, vehicle accidents, assist with public education/fire prevention, as well as provide mutual aid with other departments.

### **ACTIVE MEMBERSHIP**

Active membership is defined as members who serve as either firefighters, emergency medical technicians, and/or rescue drivers. Active members are required to attend regular meetings, fire suppression training, rescue training and must answer calls for fires or medical emergencies. Active members may participate in public education, maintenance and care of all vehicles and buildings; perform administrative functions and any other duties approved by the Fire Chief.

### **PASSIVE MEMBERSHIP**

Passive membership is defined as a member that supports the Cedarburg Fire Department with the exception of being an active member. Passive members may participate in public education, maintenance and care of all vehicles and buildings; perform administrative functions and any other duties approved by the Fire Chief.

**CEDARBURG VOLUNTEER FIRE DEPARTMENT**  
**PO BOX 327**  
**W61 N631 MEQUON AVENUE**  
**CEDARBURG, WI 53012**

APPLICATION FOR ACTIVE OR PASSIVE MEMBERSHIP

Type of membership applying for:  Active Fire  Active EMS  Active Fire/EMS  Passive  
 (Read the attached material and decide)

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

Application must be typewritten or clearly printed in ink. **All questions must be answered, if applicable.** If not, indicate NA (not applicable). Applications, which are incomplete or illegible, will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheet(s) of the same size as this application and number answers to correspond with questions.

**APPLICANT**

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
last first middle

Are you at least 18 yrs of age  Yes  No Home Phone: ( ) - Soc. Sec.#  
 Cell Phone: ( ) -  
 Email address: \_\_\_\_\_

**RESIDENCES**

List in chronologically all of your past residence during the past three (3) years starting with your present address.

STREET ADDRESS	CITY	STATE	DATE
			TO ____
			TO ____
			TO ____
			TO ____
			TO ____

**EDUCATION**

	NAME/LOCATION	DATES FROM TO	COURSES PURSUED	DEGREE, DIPLOMA, CREDITS EARNED
High School				
College				
Tech, Business Trade School				
Emergency Service Training				
Other Related School/Training				

**FIRE / EMS CERTIFICATION/LICENSE/EDUCATION**

Are you a certified Firefighter 1 in the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

Are you certified as a Firefighter in another state? \_\_\_\_ Yes \_\_\_\_ No

Are you licensed as an EMT – Basic in the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

Are you licensed as an EMT – Basic in another state? \_\_\_\_ Yes \_\_\_\_ No

Are you licensed as an EMT – Intermediate Technician in the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

Are you licensed as an EMT – Intermediate Technician in another state? \_\_\_\_ Yes \_\_\_\_ No

Do you have any previous fire and/or EMS service experience? \_\_\_\_ Yes \_\_\_\_ No

**\*\*\*\*Please attach copies of your certificates, licenses and/or CPR card\*\*\*\***

**EMPLOYMENT**

EMPLOYER NAME (list current employer first)	DATES OF EMPLOYMENT FROM TO	IMMEDIATE SUPERVISOR & PHONE NUMBER	REASON FOR LEAVING
NAME: ADDRESS:			
NAME: ADDRESS:			
NAME: ADDRESS:			
NAME: ADDRESS:			
NAME: ADDRESS:			
NAME: ADDRESS:			

May We Contact Your Present Employer? \_\_\_\_ Yes \_\_\_\_ No

**MILITARY RECORD**

Have You Ever Served In The Armed Forces, National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Provide The Following Information. Branch Of Service \_\_\_\_\_

Dates Served \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of Discharge \_\_\_\_\_

Are You Presently A Member Of The National Guard or Reserves? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES**

Give Three (3) References (**Not relatives or Cedarburg Fire Department Members**) Whom You Have Known For Three (3) Years

Name	Address	Phone#	Occupation

COURT RECORD

Have You Been Convicted Of a Felony Or Misdemeanor \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

(A conviction will not be an automatic bar to membership and will be considered only as it relates to the position being applied for.)

Have You Ever Paid A Civil Forfeiture Or Fine For A Nontraffic-Related Offense (Including Municipal Ordinance Violations)?  
\_\_\_\_ Yes \_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

(Payment of a civil forfeiture or fine will not be an automatic bar to membership and will be considered only as it relates to the position being applied for.)

Do You Have Any Charge(s) Pending Against You? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Please Provide An Explanation: \_\_\_\_\_

(A pending charge(s) or arrest is not an automatic bar to membership and will be considered only as it relates to the position being applied for.)

I voluntarily grant Cedarburg Fire Department the right to investigate the statements I have made in this application, as well as other related information and activities. I also authorize any person, firm, corporation, and government agency to disclose to Cedarburg Fire Department any information they may have regarding me. I release Cedarburg Fire Department; as well as any providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. I am aware that willfully withholding information or making false statements on this application and/or during interview, will be basis for rejection. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**After completion of the application:**

Application will be reviewed by the chairperson of the Membership Committee

An interview with the applicant will be set up with the Membership Committee

During the interview the applicant will have the requirements of chosen membership status explained to them. A release will be signed by applicant for the department to complete a background investigation on the applicant by the Cedarburg Police Department.

**For those applicants choosing Active Fire, Active EMS or Active Fire/EMS:**

Once the applicant has completed the interview process and the background investigation comes back acceptable to the department, the application will be brought forward to the Executive Board for approval. The membership candidate will be informed as to whom to contact for the pre-employment physical & agility testing and it will be there responsibility to schedule their appointment.

Upon successful completion of the pre-employment physical/agility test and the applicant has passed, the applicant will be considered a member of the department.

**For those applicants choosing Passive membership:**

Once the applicant has completed the interview process and the background investigation comes back acceptable, the application will be brought forward to the Executive committee for final approval.

**FOR FIRE DEPARTMENT USE ONLY**

Interview scheduled for: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Letter sent: \_\_\_/\_\_\_/\_\_\_ Phone call: \_\_\_/\_\_\_/\_\_\_

Interviewed By : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Background investigation authorization received on: \_\_\_/\_\_\_/\_\_\_

Background investigation completed on: \_\_\_/\_\_\_/\_\_\_

Passive/Associate Membership application presented to Executive Board for approval on: \_\_\_/\_\_\_/\_\_\_

Pre-employment physical & agility information sent (Active Membership) on: \_\_\_/\_\_\_/\_\_\_

Pre-employment physical & agility results received (Active Membership) on: \_\_\_/\_\_\_/\_\_\_

Application presented to Executive Board for Pre-approval pending physical and agility on: \_\_\_/\_\_\_/\_\_\_

Acceptance or Rejection letter sent on: \_\_\_/\_\_\_/\_\_\_

New member orientation scheduled on: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Letter sent: \_\_\_/\_\_\_/\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF MEMBERSHIP COMMITTEE MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MEMBERSHIP COMMITTEE MEMBER

\_\_\_\_\_  
DATE

**MEMBERSHIP APPROVED**

YES

NO

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE BOARD CHAIRPERSON

\_\_\_\_\_  
DATE

## Statement of Responsibility:

I understand that this application is based upon the truthfulness of my answers and that there exists no misrepresentation. I further acknowledge that any false information given within this application shall be cause for rejection before acceptance of this application and will result in dismissal of employment if discovered after hire date.

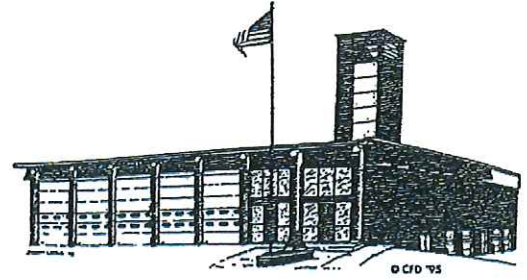
As applying for membership, I fully understand that I will,

- Agree to a background investigation conducted by the Cedarburg Police Department.
- Successfully pass a Pre-employment physical and agility test as a condition of active membership. I also understand that my refusal to complete the physical or agility examination will preclude further consideration for membership.
- Take and complete a prescribed course in fire fighting and/or EMS as directed by the department and become a *certified* firefighter and/or EMT (active memberships).
- Attend a minimum of 10 fire suppression trainings and/or 8 rescue trainings during each year beginning with the date of approval as a probationary member.
- Attain active or passive membership status within one (1) year of the date of approval as a probationary member or you may be dropped as a member.
- Obey the orders of the Chief Officers and at emergency incidents those orders of the Incident Commander.
- Active and Passive members will participate at fund raising events and will serve whenever called upon by the Chief or Executive Board.
- Adhere to the department's rules, regulations, policies, procedures and the Constitution/By-Laws of the Cedarburg Fire Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CEDARBURG FIRE DEPARTMENT

Box 327 • W61 N631 Mequon Avenue • Cedarburg, Wisconsin 53012



## AUTHORIZATION FOR RELEASE OF INFORMATION

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

I hereby authorize an executive board member of the Cedarburg Fire Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from the following sources:

- » Selective Service System
- » Any place of business (for purpose of obtaining employment data)
- » Any previous employer
- » Present employer
- » Any school, college, university or other educational institution
- » Any office, clinic, sanitarium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated
- » Any police/court complaints or arrest information

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
PRINT-First-Middle-Last Name as stated on driver's license

\_\_\_\_\_  
PRINT-Date(Month/Day/Year)

\_\_\_\_\_  
PRINT-Address (street, apartment #)

\_\_\_\_\_  
**Signature:**  
Sign full name as stated on driver's license

\_\_\_\_\_  
PRINT-City                      State                      Zip Code