

**PLATTEVILLE/GILCREST FIRE PROTECTION DISTRICT
APPLICATION FOR A NON-FIREFIGHTER VOLUNTEER POSITION**

Name: (First, Middle, Last) _____ Date: _____

Residence Address: _____

Mailing Address: _____

Telephone: _____ 2nd Number: _____

Date of Birth: _____ Social Security Number: _____

Drivers License #: _____ State: _____ Expires: _____

Spouse's/Significant Other's Name: _____ Number of children: _____

Have you been a member of another fire department? _____ Where: _____

How long were you a member? _____ Why did you leave? _____

Employment History:

Present Employer: _____

Address: _____

Length of employment: _____ Supervisor: _____

Work Telephone: _____ Can you accept calls at work? _____

Are you willing to spend 1-3 nights a month for committees? _____ Are you willing to spend

some of your free time toward the betterment of the Department? _____

What is your spouse's/significant other's opinion of this decision? _____

Explain why you would be an asset to the Department: _____

List any training or skills that might benefit the Department: _____

Has your driver's license ever been revoked? _____ If yes give reason: _____

_____ Date Revoked: _____

Have you ever been convicted of a felony? _____ If yes please explain: _____

I hereby certify that the foregoing statements and answers are:

Complete and true to the best of my knowledge and they are correctly and fully recorded. I understand that any omission or misleading information will result in my dismissal from the Department.

The undersigned, having applied for a position as a non-firefighter with the Platteville/Gilcrest Fire Protection District hereby grants permission to the District, its employees and agents, including local municipal and county law enforcement personnel, to conduct a records investigation for the purpose of determining past criminal activity including vehicular/traffic offences whether civil or criminal. The undersigned releases the District, its employees and agents, including municipal and county law enforcement personnel from any claim, suit, and cause of arise from the acts or omissions of persons or entities performing the records investigation. All background information will be kept confidential.

Signature of applicant

Date

Signature of spouse/significant other

Date