



Town of Superior Fire / Rescue



5997 S State Hwy 35 (715) 399-8055 Superior, WI 5480
Email tsfireems@yahoo.com Website www.TownofSuperior.net

MEMBERSHIP APPLICATION

Date: _____

Application Type: Fire: Y / N EMS: Y / N

PERSONAL

Name: _____ Age: _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Primary Number: _____ Work Number: _____ Cell: _____

Email Address: _____

Employer: _____ Position: _____ Phone: _____

Driver's License Number: _____ State: _____ Valid: Y / N

EMERGENCY CONTACT

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Education

High School Attended: _____ Year Graduated: _____

College: _____ Year Graduated: _____

EXPERIENCE

Have you ever been a member of another Fire Department? Yes / No

If so, what department? _____ When? _____

Why did you leave? _____

TRAINING

(PLEASE PROVIDE COPIES OF ANY LICENSES/CERTIFICATIONS)

Do you have any FIRE training? Yes / No What level? _____

Do you have any EMS training? Yes / No What level? _____

Are you CPR certified? Yes / No



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HISTORY

Have you ever been convicted of a crime? Yes / No

If **YES**, please explain: _____

Please list any medical conditions or previous injuries that you have that may be affected by conditions encountered while performing duties with TSFD.

Why do you want to become a member of TSFD?

REFERENCES

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

I give my permission to TSFD and its representatives to conduct a complete background check. _____

I agree that all information provided on this application is true. _____

(Any information that has been misrepresented could be grounds for immediate termination)

By signing this application, I agree that if accepted for membership, I will abide by **Town of Superior Fire Department** *By-laws, Standard Operating Guidelines and Standard Operating Procedures.*

Signature: _____ Date: _____

Date Received By Dept. _____

Date Accepted By Dept. _____

Date of Full Member Status _____