



Village of Biron Fire Department Application



PERSONAL						
Last		First			Middle	
Street Address			City/Town		State	Zip
Email						
Telephone Number (Day) (Evening) (Cell)						
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Birth
Occupation						
Name and Address of Current Employer						
Valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>		License Number	State	Expiration	Restrictions	
MEDICAL						
Height	Weight	Blood Type				
Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disabilities? If so, please describe.						
Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, etc? If so, please describe						
Have you had any serious illnesses or injuries in the last five years? If so, please describe and give any work limitations.						
Have you ever had any of the following issues:						
Heart	Allergies	Diabetes				
Claustrophobia	Epilepsy	Fear of Heights				
High Blood Pressure	Hernia	Other Issues				
EMERGENCY CONTACT						
Name			Relationship			
Telephone						
(Day)		(Eve)		(Cell)		
FIRE SERVICE (you may include volunteer positions)						
Are you, or have you ever been, a member of the Village of Biron Fire Department? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, dates of service.			
Are you currently a member of a fire/rescue department? No <input type="checkbox"/> Fire <input type="checkbox"/> Rescue <input type="checkbox"/> Both <input type="checkbox"/>			Name and Address of Department			
Select the areas in which you are currently trained or certified.						
<input type="checkbox"/> CPR/AED/1 st Aid	<input type="checkbox"/> Entry Level Firefighter	<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Firefighter II	<input type="checkbox"/> Driver/Operator		



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EDUCATION					
	Name and Address	Graduated	Number of Years Attended	Degree	Major
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other		Yes <input type="checkbox"/> No <input type="checkbox"/>			

CRIMINAL AND DRIVERS RECORD	
I allow the Village of Biron to run a criminal background check and drivers record check. I understand that these checks will be done to consider my employability with the Village of Biron Fire Department.	
I hereby release any individual or institutions, 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 attempts to comply with it.	
Applicants Signature:	Date:
CONSTITUTION AND BYLAWS	
Article II, Section 8 States: Any member leaving the Biron Fire Department within five (5) years of joining shall reimburse the Department for all education, training, and miscellaneous fees paid by this organization on the member's behalf. Members are not required to reimburse the Department in the event they leave the Department due to health reasons, relocation to another home or for other legitimate reasons as approved by the Fire Chief. Members accept the obligation to repay the cost to the Fire Department upon acceptance of a position with the Department.	
Applicants Signature:	Date:

Please Read Carefully

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements on this application shall be considered sufficient cause for my dismissal from the Biron Fire Department. I understand that the Department meets the 1st and 3rd Monday of each month at 6pm and I am required to complete Firefighter Training, paid by the department, from the Wisconsin Technical College System within 1 year of being accepted to the Department.

Signature of Applicant

Date