

**IOLA AND RURAL FIRE DEPARTMENT
AND AMBULANCE SERVICE
PO Box 322
Iola, WI 54945**

CONFIDENTIAL APPLICATION FOR MEMBERSHIP

By signing this application for membership, I represent that the answers and information given by me are true and complete to the best of my knowledge. I hereby authorize the Iola Fire and Ambulance Service to verify the information given by me. I understand that my membership may be terminated at any time if you discover that I have provided incomplete or false information in this application. I also authorize the Iola Fire and Ambulance to investigate my background, contact former employers and references and other institutions to provide you with information they have regarding me without receiving written notice from me. I also understand that I will be required to have a certificate of physical fitness from such physician as the Chief may designate and that I may be required to have a urine drug screen as part of the requirements of membership in the department. I hereby consent to such examinations and screenings and recognize that membership is dependent on my ability to meet the physical requirements necessary to perform the duties of a member of the Iola and Rural Fire and Ambulance Service

Signature of Applicant _____ Date _____

I am applying for EMT _____ Firefighter _____.

INSTRUCTIONS: Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. *Please print all information clearly.*

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____ Social Security Number _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ Email Address _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled or expunged or sealed by a court? Yes _____ No _____

Are there any felony charges presently pending against you? Yes _____ No _____

If you answered yes to either of the above questions, describe in full (include date, offense, disposition). _____

OPTIONAL INFORMATION:

Date of Birth _____ Marital Status _____ Spouses Name (if any) _____

In an Emergency Notify _____ Relationship _____

Drivers License Number _____ How long at Present Address _____