

# APPLICATION FOR THE OKAUCHEE FIRE DEPARTMENT

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

## Personal Data

1. Name (Print First, Mid, Last): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_
4. How long at present address? \_\_\_\_\_ Years \_\_\_\_\_ Months
5. Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_
6. Do you have the right to legally remain and work in the USA? \_\_\_\_\_
7. Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
8. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
9. Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Widower: \_\_\_\_\_ Children: \_\_\_\_\_
10. If presently married, list spouse's name: \_\_\_\_\_
11. Own Home: \_\_\_\_\_ Buying Home: \_\_\_\_\_ Renting: \_\_\_\_\_ Rooming: \_\_\_\_\_ Live w/ Parents \_\_\_\_\_

## Law Enforcement Information

1. Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_
2. Any restrictions on driver's license? \_\_\_\_\_
3. For how many years have you been driving? \_\_\_\_\_
4. Number of moving violations in the last five (5) years? \_\_\_\_\_
5. Number of accidents in the last five (5) years? \_\_\_\_\_
6. Has your license been revoked in the last five (5) years? \_\_\_\_\_

## Health Information

1. Have you ever had any trouble with any of the following? If yes, explain...  
Heart: \_\_\_\_\_ Back: \_\_\_\_\_ Mental: \_\_\_\_\_ Hernia: \_\_\_\_\_ Sight: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Ears: \_\_\_\_\_ Speech: \_\_\_\_\_ Hands: \_\_\_\_\_ Feet: \_\_\_\_\_ Spine: \_\_\_\_\_ Knee: \_\_\_\_\_  
Nervous Disorders: \_\_\_\_\_ Others: \_\_\_\_\_ Explain: \_\_\_\_\_

**Reference Information**

1. Give at least two (2) personal character references other than relatives or former employers...

A: Name:	_____	Address:	_____	Years Known:	_____
B: Name:	_____	Address:	_____	Years Known:	_____
C: Name:	_____	Address:	_____	Years Known:	_____

**Certification**

I am aware that if any of my answers here are untrue, my application will be rejected or I will be terminated from the Okauchee Fire Department.

I agree to abide by all of the rules, regulations and orders of the Okauchee Fire Department.

I hereby authorize my employer to freely release any information regarding my past employment.

I hereby authorize all doctors who have treated me and all hospitals to which I have been confined to release all records and information concerning me to any authorized representative of the Okauchee Fire Department.

I understand that an investigation may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, friends, neighbors, police or others with whom I am acquainted, concerning information as to my character, personal characteristics, and I consent to and authorize any person to furnish information for such reports. I further understand that I may request in writing a complete and accurate disclosure of the nature and scope of the investigation.

I further declare that all information furnished in this application, signed and dated by me this date, is true to the best of my information and belief and that any willful misrepresentation herein may be sufficient cause for termination with the Okauchee Fire Department.

**Applicant Signature**

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

**Sponsoring Signatures**

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

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

### BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant)       Household member/lives on premises - but not a client  
 Applicant for a license or certification or registration       Other - specify:

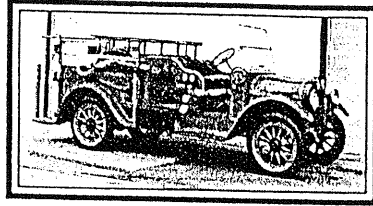
Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M/F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A PERMANENT BAR	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime or offense anywhere, including in federal, state, local and tribal courts, for any act or offense listed below? > If Yes, list each crime and attach an explanation, including when and where it happened, and the name of the Judge. If available, attach a certified copy of each conviction, a copy of each criminal complaint, and any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 12 <sup>th</sup> birthday for a crime or offense listed below? > If Yes, list each crime and attach an explanation of the offense or crime, including when and where it happened, and the name of the Judge.		

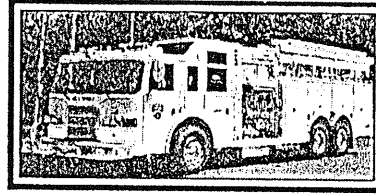
If you answered Yes to questions 1 or 2, check or specify each crime, act or offense from the following boxes:

<b>HOMICIDES</b> <input type="checkbox"/> Intentional Homicide (Murder; 1 <sup>st</sup> Degree Murder) <input type="checkbox"/> Other - specify:	<b>SEXUAL ASSAULT / SEX CRIMES</b> <input type="checkbox"/> Sexual Assault of a Child <input type="checkbox"/> Sexual Assault (1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> Degree) <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Possession of Child Pornography <input type="checkbox"/> Incest <input type="checkbox"/> Soliciting a Child for Prostitution <input type="checkbox"/> Child Enticement <input type="checkbox"/> Other - specify:	<b>ABUSE/ASSAULTIVE CRIMES</b> <input type="checkbox"/> Abuse of vulnerable adults <input type="checkbox"/> Abuse of patients or residents <input type="checkbox"/> Physical abuse of a child - Intentional <input type="checkbox"/> Physical abuse of a child - Failure to act <input type="checkbox"/> Causing Mental Harm to a Child <input type="checkbox"/> Child Neglect (resulting in death) <input type="checkbox"/> Assault by Prisoner <input type="checkbox"/> Kidnapping/Abduction <input type="checkbox"/> Stalking (Felony) <input type="checkbox"/> Other - specify:
<b>PROPERTY CRIMES</b> <input type="checkbox"/> Arson <input type="checkbox"/> Operating a Motor Vehicle without Owner's Consent (With Force/Weapon) <input type="checkbox"/> Other - specify:	<b>OTHER</b> <input type="checkbox"/> Mayhem <input type="checkbox"/> Hostage-Taking <input type="checkbox"/> Racketeering (Organized Crime) <input type="checkbox"/> Solicit/Use a Child to Commit a Felony	

# OKAUCHEE FIRE DEPARTMENT, INC.



1921



2007

## Affidavit of Insurance

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

I, \_\_\_\_\_, residing at \_\_\_\_\_

Name

address 1

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Address 2

city

state

zip code

do hereby state that I have automobile insurance in effect, and that I will continue to have automobile insurance in effect for the next year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

## MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past thirty-six (36) months.

Please list any DWI's or DUI's that you have been convicted of in the last five (5) years.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past thirty-six (36) months. I further certify that I have a current and valid driver's license for the state of Wisconsin, where I reside.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Driver's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Certification

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Driver's License State and Number

Give Completed Form to the Chief

\_\_\_\_\_  
Reviewed By : Signature/Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Reviewed