

APPLICATION - FIREFIGHTER

TOWN OF
CAMPBELL
La Crosse County
La Crosse, WI 54601



Fire Department
2219 Bainbridge Street

Name _____

Address _____

Telephone No. _____ Social Security No. _____

Male _____ Female _____ Weight _____ Height _____ Age _____ Date of Birth _____

Single _____ Married _____ Name of Spouse _____

Number of Children _____ Ages _____

Place of Employment _____

Employer's Address _____ Phone No. _____

Occupation _____

Hours of Employment _____

Do you have any physical disability or allergy? If yes, explain. _____

Doctor _____

Hospital _____

In case of accident who, other than your spouse, should be notified? _____

_____ Phone No. _____

List skills or training related to firefighting _____

List other skills or training _____

Drivers License No. _____

Reason for Applying _____

Signature of Applicant _____

Signature of Sponsoring Firefighter _____

Date _____

Date _____

Action Taken on Application

Trustees Interview Date _____ Action _____

Membership Meeting Date _____ Action _____