

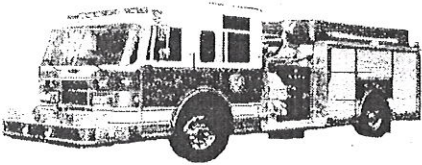
Town of St. Germain
Fire and Rescue Department

P O Box 12
St. Germain, WI 54558

715-542-3850

FIREFIGHTER APPLICATION

Date of Application _____ Accepted Date _____ Birth Date _____
Social Security # _____ M/F Telephone # _____
NAME: Last _____ First _____ Middle Initial _____
Address _____
City _____ State _____ Zip _____
Education _____ Degree _____
Occupation _____ Employer _____
Any previous fire training? _____
Any previous EMS training? _____
Any physical or medical disabilities? _____
Any special skills? _____
Any special fears? (heights, fire, etc.) _____
References and phone # 1. _____
2. _____
3. _____



Upon acceptance, you will be required to take Firefighter 1 training as soon as it is available. You must also study and abide by the By Laws and Standard Operating Guidelines of this fire department.

Signature of applicant _____

=====

DEPARTMENTAL USE ONLY

Date of FF1 completion _____ Date of First Responder completion _____
Date of resignation _____

EQUIPMENT ISSUED

Turnout Gear

Coat _____ Pager _____ Badge _____ Spanner wrench _____
Pants _____ Flashlight _____ By Laws _____ SOG's _____
Hood _____ Any other equipment _____
Helmet _____ Equipment issued by _____ Date _____
Gloves _____ Equipment received by _____ Date _____