

ADAMS COUNTY
FIRE DISTRICT



Application for Membership

Cadet/JR Member Firefighter Engineer Auxiliary

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ Social Security #: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Cell Phone Number: _____-_____-_____ Cell Phone Carrier: _____

Email Address: _____

Driver's License Number: _____ State of Issue: _____ Driver's

License Class: _____ Expiration Date: _____

Emergency Contact Information

First Name: _____ Last Name: _____ Relationship: _____

Phone Number: _____-_____-_____ Alternate Phone Number: _____-_____-_____

Address: _____ City: _____ State: _____ ZIP Code: _____

Employment Information

Current Employer: _____ Job Title: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Phone Number: _____-_____-_____

Supervisor's Name: _____ May we contact? Yes No

Fire Service Experience

Have you ever served as a firefighter before? ___ Yes ___ No

If yes, please provide details:

Department Name: _____

Dates of Service: _____ - _____

Reason for Leaving: _____

Education and Training

High School: _____ Graduation Year: _____

Post-Secondary Education

Institution Name: _____ Degree Obtained: _____

Field of Study: _____ Graduation Year: _____

Firefighter Certifications/Training

Level: _____ Issuing Authority: _____ Date Issued: _____

Level: _____ Issuing Authority: _____ Date Issued: _____

Level: _____ Issuing Authority: _____ Date Issued: _____

Level: _____ Issuing Authority: _____ Date Issued: _____

Level: _____ Issuing Authority: _____ Date Issued: _____

Level: _____ Issuing Authority: _____ Date Issued: _____

CPR Certification: Yes No Expiration Date: _____

References

Reference 1 Name: _____ Relationship: _____

Phone Number: ____ - ____ - _____ Email Address: _____

Reference 2 Name: _____ Relationship: _____

Phone Number: ____ - ____ - _____ Email Address: _____

Reference 3 Name: _____ Relationship: _____

Phone Number: ____ - ____ - _____ Email Address: _____

Background Check Authorization

Consent to Background Check: I hereby authorize the Adams County Fire District to conduct a background check, including but not limited to my criminal history, driving record, and previous employment.

Signature: _____ **Date:** _____

Applicant's Statement

I certify that all information provided in this application is true and complete. I understand that any false information or omissions may disqualify me from consideration for membership or result in my immediate dismissal from the fire department if discovered after acceptance. I agree to comply with the standards set forth in WI SPS 330 and other department regulations, including participating in required training and safety programs.

Signature: _____ **Date:** _____

Disclaimer: Inherent Risks of Firefighting

By applying for membership with Adams County Fire District, you acknowledge and understand that firefighting and related emergency services are inherently dangerous activities. These activities involve exposure to extreme heat, smoke, hazardous materials, unstable structures, physically demanding tasks, and other life-threatening situations. Despite strict safety protocols and the use of personal protective equipment (PPE), the risk of serious injury, illness, or death cannot be entirely eliminated.

As a member of this fire department, you are required to follow all safety procedures, participate in mandated training, and maintain physical fitness standards as prescribed by WI SPS 330 and other relevant guidelines. Your safety, as well as the safety of your fellow firefighters and the community, depends on your adherence to these protocols.

By signing below, you acknowledge that you have read, understand, and accept the risks associated with firefighting and emergency response duties.

Signature: _____ **Date:** _____