



Fontana Fire Department

Application for Membership

190 Fontana Blvd
PO Box 200
Fontana, WI 53125
Phone: (262)-275-2131
Fax: (262)-275-2257

Please **PRINT** all information. Answer all questions of the best of your knowledge.

Name: _____

(Last)

(First)

(MI)

Sex: Male/Female

Address: _____

(Street)

(City)

(State)

(Zip)

Phone Number: - -

Email: _____

Employment

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Position Held: _____

May We Contact This Employer? Yes /No

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Position Held: _____

May We Contact This Employer? Yes /No

Employer: _____

Employer Address: _____

Employer Phone Number: _____

Position Held: _____

May We Contact This Employer? Yes /No



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Personal References

Name	Address	Telephone	Relation

Education

High School:	Year Graduated:	GED:
College:	Year Graduated:	Degree:

Fire Certifications: _____

EMS Certifications: _____

Criminal:

Have you ever been convicted of a crime (excluding minor traffic violations: **Yes** **No**)

If yes, explain: _____

I, _____ do hereby certify that all statements in this application are true to the best of my knowledge, and do understand that any falsification in this application voids any connection between myself and the Village of Fontana and the Fontana Volunteer Fire Department. I also agree to a drug test and to abide by the Village of Fontana's policies on alcohol and drug abuse. Furthermore I authorize the Village of Fontana to perform a full background check of my past driving record and criminal history.