

## WEYWAUWEGA AREA FIRE DISTRICT

116 E. Wisconsin St. -PO Box 465- Weyauwega, WI 54983 Phone: (Non-emergency) 920-867-2119 Website: http://www.cityofweyauwega-wi.gov/fire-rescue

## APPLICATION FOR WEYAUWEGA AREA FIRE DEPARTMENT

Auxiliary	Firefighter			
Full name:	ast	First		Middle
				Middle
	ss ong?			
Telephone	лід:			
-		Cell:		
		Cell		
Education		_		
	of High School			
		Year:		
	refighting Training a			
	cingining in animing t	and, or experience.		
Do you have a	ny health or physica	al conditions that ma	y impair your ak	oility to carry out
-		irefighting duties? Y		
	-			
		oyment to respond to		nd night? YES NO
		en permission to do s		
	· -			
		sponding to the fire		NO
-	-		NO	
Licens	e number:			
	-	and practices on Mon		
your schedule				
Are you willing	g to take 120 hours	of classroom instruc	tion required by	the State of Wisconsin,
paid for by the	Fire District, to co	mplete the firefighter	r Entry Level req	uirement? YES NO
		nterfere with the wea		
apparatus, wo	uld you be willing to	o shave? YES NO		
Do we have yo	our permission to ob	btain a background c	heck on you? Y	'ES NO
References (no	family members p	lease!)		
Name:			Phone n	number:
I certify that th	ne facts contained in	n this application are	true and compl	ete to the best of my
knowledge and	d understand that, i	if employed, falsified	statements on t	the application shall be
grounds for di	smissal.			

Date:\_\_