



CITY OF HAYWARD FIRE DEPARTMENT
10555 Dakota Ave PO Box 969, Hayward, WI 54843

APPLICATION FOR MEMBERSHIP

(Please Print)

Last Name _____ First Name _____ MI _____

Address _____ City, State, Zip _____

Telephone # _____ Date of Birth _____

Do you possess a valid Wisconsin Driver's License? (Y or N) _____ License # _____

Name of Employer _____

Occupation _____

Work Phone # _____ Work Hours _____

If needed for a fire, can you leave work? _____

On the back of this application, please describe any experiences, attributes, education, volunteer work, and skills that you believe are relevant to this application process.

Do you have a pending charge for, or have you been convicted of, a violation of any Federal, State or Local laws or Ordinances? Yes _____ No _____

Date & nature of offense(s) _____

Please list any medical conditions or restrictions that may be a concern for firefighting (claustrophobia, fear of heights, heart/lung problems, hernia, etc) _____

I hereby give the City of Hayward Fire Department permission to perform a history check of my driving record and a background check that will include any criminal history as part of our membership screening process. I understand that all information is confidential and I certify that the answers given are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview may result in denial of employment with the City of Hayward Fire Department.

The City of Hayward Fire Dept. thanks you for your interest and cooperation in completing this application. If accepted for membership, you will be required to take a physical examination which is paid for by the Department.

Signature _____ Date _____