

**Lancaster Fire Department  
Probationary Firefighter Application**

**PLEASE PRINT OR TYPE ALL INFORMATION**

**DATE:** \_\_\_\_\_

Last Name	First Name	Middle
Present Address – Number, Street, State, ZIP Code		Home Phone Number
Mailing Address (if different from above) Number, Street, State, ZIP		Business Phone Number  Email Address:

Are you at least 18 years of age? \_\_\_\_\_

Do you hold a valid Wisconsin Driver's License? Yes, License Number \_\_\_\_\_ No \_\_\_\_

Do you hold a CDL License? Yes / No, if yes indicate endorsements \_\_\_\_\_ and restrictions \_\_\_\_\_

Date that you can start \_\_\_\_\_

<b>EDUCATION AND TRAINING</b>				
Circle the highest grade or year completed in school:  1 2 3 4 5 6 7 8 9 10 11 12			Do you have a High School Diploma or a GED Equivalency?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>Name and Location of High School</b>	
<b>TRAINING BEYOND HIGH SCHOOL</b> (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.			Circle the number of years in College or University:  1 2 3 4 5 6 7 8 9 10 11 12	
<b>Name and Location</b>	<b>Date Started</b>	<b>Date Completed</b>	<b>Major Field</b>	<b>Degree (and Year) Conferred</b>

**Lancaster Fire Department  
Probationary Firefighter Application**

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, and service schools, in-service training, volunteer work which you feel is **relevant** to the position for which you are applying. Also include **relevant** licenses or certificates. **BE SPECIFIC.**


**CURRENT SERVICE AFFILIATION**

<b>Name:</b>	<b>Street Address:</b>	<b>Telephone Number:</b>
<b>Supervisor Name:</b>		<b>Length of Service:</b>

**FORMER AND/OR PRESENT EMPLOYERS**

Name	Address	Position	Telephone	Month and Year

**REFERENCES:** Provide below the names of three persons not related to you, whom you have known at least a year.

<b>Name</b>	<b>Address</b>	<b>Telephone</b>

**Lancaster Fire Department  
Probationary Firefighter Application**

**PHYSICAL RECORD:** Are you on any medications that would prevent you from performing the essential duties of a firefighter with the Lancaster Fire Department, with reasonable accommodations? No \_\_\_\_ Yes \_\_\_\_

Explain:

---

---

---

Do you have any physical defects or injuries that would prevent you from performing the essential duties of a firefighter with the Lancaster Fire Department, with reasonable accommodations?

No \_\_\_\_ Yes \_\_\_\_

Explain:

---

---

---

I authorize investigation of all information contained in this application, including driving record. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my membership is for no definite period.

<b>Signature of Applicant</b> <hr/> <i>I have read the By-Laws and SOP's of the Fire Dept.</i>	<b>Date Signed</b> <hr/>
<b>Signature of Fire Chief</b> <hr/>	<b>Date Signed</b> <hr/>

*Please fill out the questionnaire on the next page, how you answer these questions will not necessarily determine whether or not you are accepted as a probationary member.*

**Lancaster Fire Department  
Probationary Firefighter Application**

**SOME OF THE JOB REQUIREMENTS FOR FIREFIGHTERS ARE AS FOLLOWS; PLEASE ANSWER ALL QUESTIONS ACCORDINGLY FOR THIS QUESTIONNAIRE: (Yes or No)**

1. Would you be able to climb ladders? \_\_\_\_\_
2. Are you able to drive a large truck? \_\_\_\_\_
3. Would you be able to put on an air pack and enter a completely dark environment filled with heat and smoke? \_\_\_\_\_
4. Can you work in all climates? \_\_\_\_\_
5. Are you willing to accept 1 to 2 year probationary period? \_\_\_\_\_
6. Do you have any limitations that would affect your job here? \_\_\_\_\_
7. Would you object to a physical exam and or a physical agility test? \_\_\_\_\_
8. Can you take orders from superior officers while on duty? \_\_\_\_\_
9. Are you willing to give up evening times and an occasional weekend for special training, meetings and certifications? \_\_\_\_\_
10. Would you be willing to stay 12 hours or more at a fire if needed? \_\_\_\_\_
11. Do you consider yourself a TEAM player? \_\_\_\_\_

I \_\_\_\_\_ understand that I can be released at anytime for any reason during my probationary period by the Fire Chief of the department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief: \_\_\_\_\_ Date: \_\_\_\_\_