

**PORTAGE FIRE DEPARTMENT**  
**APPLICATION FOR PAID-ON-CALL FIREFIGHTER**



Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. # \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Have you ever lived in another state? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? (city & state) \_\_\_\_\_

Do you currently hold a valid Wisconsin driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have transportation to attend fire calls and training? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had previous fire service experience or training? Yes \_\_\_\_\_ No \_\_\_\_\_

If you work near Portage can you leave work for fire calls? Yes \_\_\_\_\_ No \_\_\_\_\_

List departments where you were a member and certifications if any: \_\_\_\_\_

Reason for requesting membership: \_\_\_\_\_

List other information that may assist the fire department in its decision to accept you as a member of the Portage Fire Department:

**REFERENCES:**

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*\*Complete the attached Authorization for Release of Information sheet attached.\*\***

The information given on this application and release of information form are true and correct to the best of my knowledge. I understand that any false information will be grounds for dismissal.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Please fill out the gear information below to the best of your knowledge:**

**Coat Size (chest):** \_\_\_\_\_ (ex: 44) **Pants Size:** waist \_\_\_\_\_ X length \_\_\_\_\_ (ex: 34 X 32) **Shoe Size:** \_\_\_\_\_

# CITY OF PORTAGE

115 West Pleasant Street  
Portage, Wisconsin 53901  
Telephone: (608) 742-2176 • Fax: (608) 742-8623



*"Where the North Begins"*

## AUTHORIZATION FOR RELEASE OF INFORMATION

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize the **City of Portage** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency and law enforcement agencies to divulge any and all information, verbal or written, pertaining to me, to the City of Portage or its authorized agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the City of Portage, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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