

Shell Lake Area Fire Association

DAVE SCHRAUFNAGEL
Fire Chief

AARON NIELSEN
Chairman

BRAD WICKMAN
Sec./Treas.

Name _____ Date of birth _____

Address _____

Social security number _____ Phone number _____

Drivers license number _____ C.D.L. ? _____

Military service _____ Classification _____

Present employer _____

Job duties _____ Able to leave for fire calls _____

Any objections from employer as to you being on dept. _____

List any prior fire service and training _____

List any special skills, knowledge, or training you have that would benefit or dept. _____

Reason for applying to our dept. _____

Physical condition: Heart _____ Lungs _____ Eyes _____ any handycap? _____

Physicians name _____ phone # _____

In case of emergency notify _____ phone # _____

References _____ phone # _____

* I attest the above info. is true & just _____
(applicants signature)

Dated at Shell Lake Wi this _____ day of _____ 20__

* The signature on this application authorizes a background check