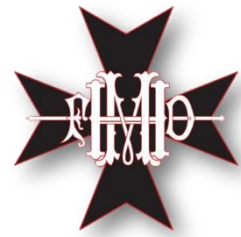


MOUNT HOREB AREA FIRE DISTRICT

Intern Application



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available				Date of Birth	
Have you ever worked for the district?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid WI Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ever suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION (PLEASE ATTACH HIGH SCHOOL TRANSCRIPTS)

High School		Address			
From	To	Diploma or G.E.D.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references. (Please do not include family members!)

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

CERTIFICATIONS AND LICENSES:			
WI State Certified Firefighter Level II	YES <input type="checkbox"/>	NO <input type="checkbox"/>	WI State Licensed EMT-Basic YES <input type="checkbox"/> NO <input type="checkbox"/>

ADDITIONAL TRAINING, SPECIAL COURSES, CERTIFICATIONS OR LICENSES

DISCLAIMER AND SIGNATURE		
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Signature</td> <td style="width: 40%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	