



Volunteer CEDAR LAKE Fire Department

TODD WILKENING
Fire Chief

The Unpaid Professionals

APPLICATION FOR MEMBERSHIP CEDAR LAKE FIRE DEPARTMENT

Do not answer these questions unless you have been informed about the requirements for the job which you are applying for. All new applicants shall have attained the age of eighteen. Applicants must live within the town limits of Cedar Lake, Hanover Twp or within the discretion of the Fire board of directors. The Cedar Lake Volunteer Fire Department is an Equal Opportunity Employer.

I.) General information

Name _____
Last First Middle

Address _____
Street Apt No

City State Zip Code

Employer _____

Employer's Address _____
Street

City State Zip Code
D.O.B. Phone #

Emergency Dial 911

Non-Emergency
Phone (219) 374-5961
Fax (219) 374-5999

9430 W. 133rd Avenue
P.O. Box 459
Cedar Lake, IN 46303

www.cedarlakefire.com
email: cedarlakefire@sbcglobal.net

II) Initial Requirement Data

A.) Are you a U.S. Citizen Yes / No

B.) Social Security Number - -

C.) Your Height Feet Inches

D.) Your Weight _____ Pounds

E.) Are you a graduate of an accredited High School? Yes / No

1.) If No, have you been issued an equability diploma from an accredited High School? Yes / No

F.) List Schools attended:

High School _____

Collage _____

III.) Family Data

A.) Marital Status:

Married__ Single__ Widowed__ Divorced__

B.) Beneficiary: _____

Relationship to Beneficiary: _____

IV.) Employment Data

A.) Record below all employment, including part time, for the last five years. Starting with your current job.

1.) Name of Bus.: _____

Contact's Name _____

Phone (____) _____ Time Employed _____

2.) Name of Bus.: _____

Contact's Name _____

Phone (____) _____ Time Employed _____

3.) Name of Bus.: _____

Contact's Name _____

Phone (____) _____ Time Employed _____

B.) Please List Three References to include Name, Addresses, & Phone Numbers (please no relatives)

B.) Residence for the last five years, (other than present)
1.) Address _____
2.) Address _____

V.) Military History And Status

A.) Military History:

Military Branch	Dates of Service		Type of Discharge & Reenlistment code
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____

B.) Are you a member of the Organized Reserves? Yes / No
1.) If Yes What Rank and Name of Unit? _____

VI.) Miscellaneous

A.) Include a copy of your current Driver's License with this application.
B.) Is your License restricted? Yes / No
If yes
explain _____

C.) Have you been convicted of a felony within the last seven years? Yes / No
If Yes
explain. _____

C.) List Past or Present memberships in all clubs or organizations.

D.) Do you own your own home? Yes / No

E.) List any special skills you have through education, occupation, or hobbies (any special interests)

F.) List any Firefighting, First Aid/ CPR, Haz-Mat, or Medical Training you may have.

VII.) Application Certification

I _____ certify that:
Fill in your name

- 1.) All the information contained in this application is true and accurate to the best of my knowledge.
- 2.) I have included a copy of my driver's license.
- 3.) I am aware that if I am accepted a physical exam stating that I am physically fit to be a firefighter will be required at my expense. The department medical vendor will be used.
- 4.) I understand that the fire department is not a social club and that as a member I am required to attend fire calls, regular meetings, trainings and other functions of the fire department.
- 5.) I will perform all the duties that I am assigned to the best of my ability.
- 6.) I have personally completed this application.

Signature _____ Date _____

IX.) Spouse

I _____ understand that by signing this application that my spouse will be giving freely of their time to the Cedar Lake Fire Department and the community.

Signature _____ Date _____

X.) Fire Department to Fill out Only.

- 1.) Date Applicant was interviewed by the Chief. _____
- 2.) Date Applicant was interviewed by the board. _____
- 3.) Date the Applicant was approved by the board _____
- 4.) Date applicant meets the membership. _____
- 5.) Date applicant completes mandatory training. _____
- 6.) Date applicant was placed on probation. _____
- 7.) Date the applicant is voted on the department. _____