



# Ottertail Fire and Rescue

P.O. Box 245

Ottertail, MN 56571

## APPLICATION FOR MEMBERSHIP

We welcome you as an applicant for the Ottertail Volunteer Fire and Rescue Department. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age (must be 18 years old or older) or the presence of a medical condition or handicap that does not interfere with your ability to perform the assigned duties. We are an equal opportunity employer.

*You must live and or work within 5 miles of the Ottertail Fire Hall to be eligible.*

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

Name: Last \_\_\_\_\_ First \_\_\_\_\_.

Date of birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Has your drivers license been revoked within the last 5 years?      YES      NO

Have you had any moving violations within the last 3?      YES      NO

Place of Employment: \_\_\_\_\_

Start date of Employment: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Do you have employer's permission to leave work and respond to calls? YES NO  
If not, what hours will you be available to respond? \_\_\_\_\_

List two previous employers if your current job is less than 5 years old.

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Please explain your reasoning for seeking membership.

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Please include any other information that you feel would be useful to us in evaluating your application.

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All Successful applicants will be required to attend a First Responder class, complete a basic Firefighting Course (if applicable) and supply a physician's statement certifying your ability to wear a respirator (if applicable).

Thank you for your interest in the Ottertail Fire Department.

Signature of Applicant: \_\_\_\_\_