



TOWN OF WINCHESTER  
FIRE DEPARTMENT

8522 PARK WAY  
LARSEN, WI 54947

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Please fill out the application below and return it to the address above.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

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Normal hours at Work \_\_\_\_\_ Normal hours at home \_\_\_\_\_

Health concerns \_\_\_\_\_

Current medications \_\_\_\_\_

By signing this application, I authorize the Town of Winchester to conduct a complete background check (e.g. driving record, criminal record, etc.) on me and understand I may need to provide additional information to the Town for this background check. I also understand that I will be required to pass a drug screening test.

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