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EDGERTON FIRE PROTECTION DISTRICT

Background Information Disclosure

I _____ give EDGERTON FIRE PROTECTION DISTRICT and its representatives authorization to conduct an in-depth background investigation on me. I authorize any organization, corporation, or person/s to release information to EDGERTON FIRE PROTECTION DISTRICT relevant to my possible membership with the department.

I understand by signing this form, I release from liability EDGERTON FIRE PROTECTION DISTRICT and its representatives for seeking such information about me. I also understand by signing this form, I release from liability any organization, corporation, or person/s furnishing such information that may be relevant to my possible membership with EDGERTON FIRE PROTECTION DISTRICT.

Applicant's Signature

Date

Typed Name

Social Security Number

Driver's License Number

Date of Birth

Witness Signature

Date

Typed Name