Plain Fire Emergency Protection District
Membership Application
1045 Cedar Street
P.O. Box 15
Plain, WI 53577

1. Applicant Information
Full Legal Name: _____ Date of Birth: ___/____/_____☐ Male ☐ Female
Social Security Number: _____ - _____ - _____ Cell Phone: _____
Home Address: _____City, ZIP: _____
Driver's License #:_____State: ___ Exp Date:___/___/____
Emergency Contact: _____ Relationship: _____Phone: _____

2. Membership Interest
☐ Firefighter ☐ EMR ☐ EMT ☐ AEMT ☐ Driver/Operator ☐ Support Member ☐ Other: _____

3. Employment Information
Current Employer: _____ Job Title: _____
Employer Phone: _____ Supervisor (Optional): _____
May we contact your employer? ☐ Yes ☐ No

4. Education
Formal Education: _____Degree or Certificate Earned: _____
Other Relevant Education or Training: _____

5. Fire, EMS & Other Certifications

Certification	Issuing Agency	Certification #	Expiration Date

6. Previous Fire & EMS Experience

Department/Organization	Position	Dates of Service	Reason for Leaving

7. Specialized Skills & Qualifications
☐ Pump Operations ☐ Driver/Operator ☐ Vehicle Extrication ☐ Farm Rescue
☐ Rope Rescue ☐ Water Rescue ☐ Wildland Fire ☐ Chainsaw Operations
☐ Mechanical Experience ☐ CDL ☐ Heavy Equipment Operation ☐ Instructor
☐ Incident Command ☐ Public Education ☐ Other: _____

8. Background Information
Are you at least 18 years of age? ☐ Yes ☐ No
Do you possess a valid driver's license? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No
Are there any pending criminal charges against you? ☐ Yes ☐ No
Have you previously served with a fire department or EMS agency? ☐ Yes ☐ No
Have you ever been dismissed or asked to resign from a fire or EMS organization? ☐ Yes ☐ No
Are you able to perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No
If yes to any explanatory question, explain:
_____

9. Applicant Statement
I certify that the information provided is true and complete. I authorize the District to conduct a background investigation and obtain my driving record. I understand that false statements or omissions may result in denial of membership or dismissal.
Applicant Signature: _____
Printed Name: _____
Date: _____