**PLAIN FIRE EMERGENCY PROTECTION DISTRICT**

EMS Membership Application

1045 Cedar St
PO Box 15
Plain, WI 53577

| **Member Info** | | | | | |
|---|---|---|---|---|---|
| Full Name | | | | Birthday | / / |
| SSN | - - | Cell # | - - | Gender | M F |
| Address | | City | | Zip | |
| Emergency Contact | | Driver License # | | | |
| Name | | Relation | | Number | |

| **Member Interest** | |
|---|---|
| Role | ☐ Driver ☐ EMR ☐ EMT ☐ AEMT |
| Current Certifications | |
| Previous Fire/EMS Experience | |

| **Formal Education** | | | |
|---|---|---|---|
| High School | | Graduation Year | |
| College | | Degree/Certificate | |

| **Background Information** | |
|---|---|
| Current Employer Name & City | |
| Supervisor Name & Number | |
| May we contact your supervisor? | ☐ 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 unable to perform the essential functions of the position, with or without reasonable accommodation? | ☐ Yes ☐ No |
| Explain Any "Yes" Answers: | |

| **Applicant Statement** | | | |
|---|---|---|---|
| I certify that the information provided is true and complete. I authorize the Plain Fire Emergency Protection District to conduct a background investigation and obtain my driving record.<br>I understand that false statements or omissions may result in denial of membership or dismissal. | | | |
| Applicant Signature | | Date | |