

Town of Plainfield Fire Dept.

Membership Application

MEMBER INFORMATION		
Name:		
Date of birth:	FF 1 cert?	Home Phone:
Cell:	Email:	
Current address:		
City:	State:	ZIP Code:
Firefighter since:	License#:	CDL? If yes, Class:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:		
EMERGENCY CONTACT		
Name:		
Address:		Home Phone:
Email:		Cell:
City:	State:	ZIP Code:
Relationship:		
SPOUSE INFORMATION		
Name:		
Date of birth:	Email:	Phone:
REFERENCES		
Name	Address	Phone
HEALTH INFORMATION		
Doctor:	Date of last physical:	
Allergies:	Restrictions:	
SIGNATURES		
I understand that being a firefighter can be extremely physically demanding. An annual physical examination is strongly recommended. I also understand that training is an important part of being an effective firefighter. Attendance at all training sessions is also strongly recommended.		
Signature of applicant/member:		Date:
Signature of Chief:		Date: