

**CECIL WASHINGTON FIRE DEPARTMENT**

**APPLICATION FOR MEMBERSHIP**

**\*\*\*\*\*MUST BE RESIDENT OF CECIL FIRE SERVICE AREA\*\*\*\*\***

Please print or type:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Shift: \_\_\_\_\_

If needed for a fire, can you leave work? (Y or N) \_\_\_\_\_

Do you have a valid Wisconsin Driver's License? (Y or N) \_\_\_ License # \_\_\_\_\_

Explain any restrictions: \_\_\_\_\_

How long have you been a resident of the Cecil Fire Service Area? \_\_\_\_\_

Do you have any firefighting experience?(Y or N) \_\_\_\_\_

Would you be willing to attend NWTC training, fire fighting seminars? (Y or N) \_\_\_\_\_

Would you be willing to become a "Certified firefighter I"? (Y or N) \_\_\_\_\_

(96 hour course-30 hours of Entry Level I, 30 hours of Entry Level 2, and 36 hours of Certified Firefighter I). Answering N for this question will put you on restricted duty on fire scene.

Do you consider yourself in good health and physical condition? (Y or N) \_\_\_\_\_

Would you take a physical, if required? (Y or N) \_\_\_\_\_

Please list any health problems you may have: \_\_\_\_\_

The Cecil Washington Fire Department meets on the second Monday of every month at 7 pm for training, and last Monday of every month for equipment checks and business meeting. Members of this department are required to be active members with regard to these

monthly meetings, training, and equipment checks. 24 hours of continuous in-house training per year is required to maintain active status. Certified Firefighter I is to be completed within 24 months.

I declare that all answers above are true and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: A background check will be performed with resulting information being confidential and used for Fire Department eligibility purposes only.*