



**FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

(Please Print)

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MM DD YY  
ADDRESS: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
\_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
\_\_\_\_\_  
WEIGHT: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_ PERSON TO BE NOTIFIED IN CASE OF  
DRIVER'S LICENCE NO. \_\_\_\_\_ EMERGENCY: \_\_\_\_\_  
CLASS: \_\_\_\_\_ Relationship: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ Address: \_\_\_\_\_  
EMPLOYED BY: \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**EDUCATION:**

- a) Grade Attained: \_\_\_\_\_
- b) Other Education: \_\_\_\_\_

Interests: \_\_\_\_\_

Fire fighting Experience (give details): \_\_\_\_\_

First Aid Training (give details): \_\_\_\_\_

Describe Physical Problems that could impair your ability to fight fires: \_\_\_\_\_

Are you or have you received Workers' Compensation Benefits (give details): \_\_\_\_\_

**NOTE: SUCCESSFUL APPLICANTS ARE REQUIRED TO PROVIDE A MEDICAL CERTIFICATE.**

I hereby certify that the above information is correct, and do authorize investigation of all statements contained herein. If accepted for employment, I agree to participate in authorized training programs, including first aid, meetings and practice sessions.

\_\_\_\_\_  
Signature of Applicant

**FOR OFFICE USE ONLY**

Checked by Fire Chief: \_\_\_\_\_ Approval of Council: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_