



FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT

(Please Print)

FULL NAME: _____	DATE OF BIRTH: _____ / _____ / _____ MM DD YY
ADDRESS: _____ _____	S.I.N.: _____
_____	HEIGHT: _____
TELEPHONE NO.: _____	WEIGHT: _____
DRIVER'S LICENCE NO. _____	PERSON TO BE NOTIFIED IN CASE OF 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 AND A VULNERABLE PERSONS CHECK.

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: _____