



**FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

(Please Print)

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