



## 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: \_\_\_\_\_  
\_\_\_\_\_