



**FORM - A                      FIREFIGHTER APPLICATION**

<b><u>Personal Information</u></b>			
<b>Last Name</b>		<b>First Name</b>	
<b>Date of Birth</b>		<b>Drivers Lic.#</b>	
<b>S.I.N. #</b>		<b>Class &amp; Restrictions</b>	
<b>Address: Street</b>		<b>City</b>	<b>Postal Code</b>
<b>Telephone Numbers:</b>			
(    )		<b>Home</b>	
(    )		<b>Work</b>	
(    )		<b>Mobile</b>	
<b>Email Address:</b>			
<b>Medical Conditions that the Fire Dept should be aware of:</b>			
<b>Any other conditions that restrict your ability to perform as a firefighter</b>			
<b>Have you had your Hepatitis Shot</b>		<b>When?</b>	
<b>Have you ever been convicted of a criminal offence.</b>			
<b><u>Emergency Contact Information</u></b>			
<b>Last Name</b>		<b>First Name</b>	
<b>Relation</b>			
<b>Address: Street</b>		<b>City</b>	<b>Postal Code</b>
<b>Telephone Numbers</b>			
		<b>Home</b>	
		<b>Mobile</b>	
<b>E-mail Address</b>			

**Return all completed Forms to the Fire Chief**



<b><u>Employers Information</u></b>		
<b>Supervisors Name</b>		
<b>Address: Street</b>	<b>City</b>	<b>Postal Code</b>
<b>Telephone Numbers</b>		
( )	<b>Office</b>	
( )	<b>Mobile</b>	
<b>E-mail Address</b>		

<b><u>Volunteer Experience</u></b>		
<b>Volunteer Organization</b>		
<b>Name of Supervisor</b>		
<b>Phone</b>	( )	
<b>How long served with Organization</b>		

<b><u>References</u></b>			
<b>Name</b>		<b>Connection</b>	
<b>Title</b>		<b>Phone</b>	
<b>Name</b>		<b>Connection</b>	
<b>Title</b>		<b>Phone</b>	

<b>Comments/Notes:</b>	

**Return all completed Forms to the Fire Chief**