



FORM - A

FIREFIGHTER APPLICATION

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

Return all completed Forms to the Fire Chief



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

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

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

Comments/Notes:	

Return all completed Forms to the Fire Chief