



FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT

(Please Print)

FULL NAME: _____

DATE OF BIRTH: MM DD YY
_____/_____/____

ADDRESS: _____

S.I.N.: _____

PERSON TO BE NOTIFIED IN CASE OF
EMERGENCY:

TELEPHONE NO.: _____

Relationship: _____

OCCUPATION: _____

Address: _____

EMPLOYED BY: _____

TELEPHONE NO.: _____

Telephone
No. _____

Interests:

Fire fighting experience (give details):

First Aid Training (give details):

Describe physical problems that could impair your ability to fight fires:

Would your employer allow you to leave to respond to an emergency? Yes ____ No ____

Are you willing to agree to a background check? Yes ____ No ____

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: _____
