

Any formal medical training (First Aid, MFR, EMR, EMT)? If yes please list current certifications.

Any previous volunteer history?

Are you able and willing to attend weekly practices and truck checks? Y/N

Are you able to leave your place of work to respond to emergencies? Y/N

Are you able and willing to take part in formal required training courses? Y/N

Do you have any physical impairments that would hinder you in your role as a fire fighter? Y/N

A criminal record check and drivers abstract must be submitted with this application form to be considered for EESD. They must be no more than 30 days old from the date that the application is submitted.

Are you willing to provide a copy of each? Y/N

Date Criminal Records Check Obtained:

(YYYY-MM-DD)

Date Drivers Abstract Obtained:

(YYYY-MM-DD)

List three personal references (excluding relatives)

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

All information provided in this application for engagement is correct and accurate to the best of my knowledge.

(Signature of Applicant)

(Date)