



# Shawville Clarendon Fire Department Firefighter Application

## Personal Information

Name:

Address: (Civic #) (Street Name) (Municipality) (Province) (Postal Code)

Phone: Home ( ) - Work ( ) - Cell ( ) -

Education:  High School  College  University

## Employment

Employer Name: (Company)

Location of Workplace: (Town/City) (Province)

Type of work:

Will this work be useful to the Fire Department? Yes No

If Yes, how?

Will your employer give you permission to leave in the event of a fire? Yes No Did not ask yet

Is your employer aware that you want to be a firefighter? Yes No

## Qualifications

Are you willing to take a physical, if requested? Yes No

Are you afraid of heights? Yes No Some

Are you afraid of being closed in? Yes No Some

Do you have a criminal record? Yes No

If yes, explain:

What class is your present Driver's License?

Are you willing to upgrade? Yes No

Have you ever driven trucks? Yes No

Why do you want to join the SCFD?

Do you understand the one (1) year probation period? Yes No

Have you been a firefighter before: Yes No

If yes, where & how long?

Do you have any First Aid Training? Yes No

Do you have any other training that will help the SCFD? Yes No

If yes, explain:

Are you willing to take all courses offered/required by the SCFD? Yes No

Were you asked to submit this application by a firefighter? Yes No

If yes, who?

Applicants Signature Date (YYYY/MM/DD)

(Please note: Any false answers will void this application. If more space is required please use back of this page.)

## Departmental use only

Date application received: (YYYY/MM/DD)

Application received by:

Date of presentation at meeting: (YYYY/MM/DD)

Comments:

