

THE PAS FIRE DEPARTMENT



BOX 870 THE PAS MB R9A 1K8

FIREFIGHTER APPLICATION

APPLICANT INFORMATION

SURNAME	FIRST NAME	MIDDLE NAME
ADDRESS:		
PHONE Residence:	Business:	Cell:
Emergency Contact:	Relationship:	
PHONE Residence:	Business:	Cell:
E-mail Home:	Business:	

EMPLOYMENT HISTORY

Occupation:	
Provide information on your last two employers:	
Name:	Address:
Contact Person & Phone Number:	Month/Year:
Name:	Address:
Contact Person & Phone Number:	Month/Year:

CERTIFICATION OF EMPLOYER

As the employer of the applicant named above, I am aware of this application to the Fire Department, and consent to the application.

Print Full Name	Position	
Signature	Date	Phone Number

SKILLS & TRAINING

Highest Level of Education attained:

Fire Service Experience (if possible attach copies of certificates for any training received).

Relevant Emergency Medical Training:

Standard First Aid/CPR Level: Yes _____ No _____ Date Completed: _____

Driver's License No.: _____ Class: _____ Air Brake: Yes _____ No _____

HEALTH & MEDICAL

The Fire Service places great physical demands and requires you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitations that would prevent you from performing these duties?

If yes, please explain:

PERSONAL INFORMATION

Have you ever been convicted for anything other than a minor traffic violation? Yes _____ No _____

If yes, please explain:

REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION OF APPLICANT

I make this application realizing that I will be expected to give freely of my time to attend fires, meetings, drills, etc., and that my employer, spouse and family (if applicable) are aware and consent with my intent. I hereby certify that I am 18 years of age or older. I am willing to undergo a physical examination by a physician if deemed necessary by the Fire Chief. I will also be required to provide an RCMP background check and Drivers Abstract upon acceptance to the Department. I understand that as a fire-fighting member of the Department, I will be required to successfully complete Fire Department related training as deemed necessary. I realize that I am required to follow Town of The Pas and Fire Department Policies and adhere to standard Operating Guidelines. I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the The Pas Fire Department to make any necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant _____

Date _____