



APPLICATION FORM FOR VOLUNTEER FIREFIGHTERS

APPLICANT INFORMATION

Name: First Initial Last	Date of Birth:	Sex: M/F
Phone #: Home Cell	SIN:	
Email Address:	Next of Kin: Name Phone #	
Address: Street City Province Postal Code		

EDUCATIONAL HISTORY

Level Completed	Elementary <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Other <input type="checkbox"/>
Additional Courses / Training:	<i>See Page 2 for More Information</i>
Other Experience / Skills	

EMPLOYMENT HISTORY

Present Employer:	Job Title:	
Address:		
Duties:		
Do you work Shift Work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employed Since:	Employer's Phone #:

OTHER INFORMATION

Will your Employer allow you to respond to EMERGENCY calls during work hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have access to a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you possess a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Class / Endorsements: _____

Note:

Before being accepted as a volunteer firefighter with the Harvey Volunteer Fire Department, the following two conditions shall be adhered to:

1. A driver's abstract must be submitted.
2. A criminal background check must be completed by the RMCP on the applicant's behalf.

In applying for a position with the Harvey Volunteer Fire Department, I understand that these conditions must be met and hereby give my consent to the Harvey Volunteer Fire Department to have the background checks completed. I hereby certify that the information contained on this application is accurate to the best of my knowledge. I also understand that the Province of New Brunswick requires all Volunteer Firefighters to complete a minimum of 40 hours of training per calendar year, and that I will have to attain this in order to maintain my Active membership status, insurance and compensation coverage.

Applicant's Signature:	Date:
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OTHER COURSES TRAINING (CONT'D)
