



APPLICATION FOR FIREFIGHTER

CONFIDENTIAL WHEN COMPLETED

Name:		Date of Birth:	
Street Address:		Postal Address:	
Postal Code:		Phone (H/C):	
Phone (W)		Email Address	
Drivers License #:		Class:	
Has your drivers license ever been revoked: YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, how long ago?	
Do you have any phobias? (height, confined space, etc)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain:			
Do you have any physical conditions that would prevent you from performing all the duties required of a firefighter? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain:			

Employer:		Supervisor:	
Duties:			
Would your employer allow you to respond to emergency calls during work hours? (check all that apply)			
ALWAYS <input type="checkbox"/>	USUALLY <input type="checkbox"/>	RARELY <input type="checkbox"/>	NEVER <input type="checkbox"/>
Do you do shift work? YES <input type="checkbox"/> NO <input type="checkbox"/>		What shift are you on?	
Do you have any regular or occasional work besides your main job? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain:			

What groups, organizations and/or activities are you currently involved with? Please list below:			
Do you have Fire/Police/Military/Emergency Services experience? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Explain:			
Where:		When:	
Please list Training/Experience:			
Please list and provide copies of all current certificates:			
Why will you be an asset to this department?			
Next of Kin Information			
Name:		Relation:	
Address:		Phone # (H) :	
Phone # (C):		Phone #(W) :	

References: please provide 3 character references below			
Name:		Phone (H):	
Address:		Phone (C):	
Name:		Phone (H):	
Address:		Phone (C):	
Name:		Phone (H):	
Address:		Phone (C):	

DECLARATION

I affirm & certify that the information given on or attached to this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information will be considered just cause for immediate dismissal.

I understand that the probationary period is one year and my acceptance as a Happy Valley-Goose Bay Firefighter will be subject to a satisfactory appraisal by the Fire Chief.

I make this application with the realization that I will be expected to give freely of my time to participate in emergency call and training to the best of my ability. My employer, spouse and family, if applicable understand my commitment to the Department. Failure to honour and maintain a reasonable commitment will be considered justification for dismissal.

Signed: _____

Dated: _____

OFFICE USE ONLY

References Checked by:	
Date:	
Signature:	
Approved by:	
Date:	
Signature:	