APPLICATION FOR OROMOCTO VOLUNTEER FIREFIGHTERS

DATE: _____ **DOB**: _____

NAME: _____ **TELEPHONE**: _____
Last First Initial

ADDRESS: _____
Street Sex

_____
City Province Postal Code

SIN NUMBER: _____

E-MAIL ADDRESS: _____

NEXT OF KIN: _____
Name Contact Number

EDUCATIONAL HISTORY	
Level Completed	Elementary ___ High School ___ University __ Other __
Additional Courses/Training	Please see reverse for additional information
Other Experience/Skills	

EMPLOYMENT HISTORY	
Present Employer:	Your Job Title:
Address:	Duties:
	Do you work shift work? Yes _____ No _____
Phone:	Describe Shift Schedule:
	Employed Since:

Will Your Employer Allow You To Respond to **Emergency** Calls During Work Hours? Yes ____ No ____

Under Specific Conditions As Described: On 2nd alarm responses only? Yes _____ No ____

Other:

Date: _____ Employer's Signature: _____

Do you have access to a vehicle? Yes ___ No ___ Do you possess a valid driver's license? Yes __ No __

Note: Before being accepted as a volunteer firefighter with the Oromocto Fire Department, the following three conditions shall be adhered to:

1. A medical completed to the Fire Department's standards, at the Fire Department's expense.
2. A background check on the application driver's permit to ensure validity.
3. A criminal background check.

Note: You will be contacted to attend an information session.

In applying for a position with the Oromocto Fire Department, I understand that these conditions must be met and hereby give my consent to the 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.

Applicant's Signature: _____ Date: _____

Office use only	Date	Results
Medical Exam		
Criminal Background Check		
Physical/Agility Test		
Interview		
Information Session		
Recommendation on application	APPROVED Yes _____ No _____	

ADDITIONAL COURSES/TRAINING

**** Please note you may attach copies of any relevant certificates ****