



OROMOCTO VOLUNTEER FIREFIGHTER APPLICATION

DATE: _____

Click to Submit
by Email

NAME: _____
Last First Initial

ADDRESS: _____
Street

City Province Postal Code

E-MAIL ADDRESS: _____ TELEPHONE: _____

NEXT OF KIN: _____
Name Contact Number

EDUCATIONAL HISTORY	
Level Completed	Elementary ___ High School ___ University ___ Other ___
Please use Page 2 to list additional information	regarding education/experience or skills

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

REFERENCE	
Name: _____	Number: _____ Relationship: _____
Name: _____	Number: _____ Relationship: _____

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

Note: Upon successful completion of the interview and physical testing process, **selected applicants** must provide the following documentation:

1. A OFD Medical Examination Form to be completed by a physician. (cost to be reimbursed by the Department)
2. A Driver's Abstract from ServiceNB (cost to be reimbursed by the Department)
3. A criminal background check (RCMP, 4 Doyle Drive).

