

PART 1: PERSONAL INFORMATION						
Last Name		First Name	Gender	Date of Birth		
Address			City			
Postal Code			Email Address			
Home Phone #			Cell #			
Emergency Contact Relation		onship	Emergency Contact Phone #			
PART 2: EMPLOYMENT I	NFORM	ATION				
Current Employer		Employer Phone #		Occupation		
Previous Employment Ex	perience	5.5				
Do you have any previou	s fira da	nartment evnerien				
bo you have any previou	3 III C GC	partificiti experien	ce:			
Previous Fire Department Name			Length of Service			
rrevious rife Department Name			201,641, 07, 00, 1100			
May we contact your cur	rent and	d past employers fo	r references?			
Would your employer all	ow you	to respond to calls	during work hou	rs?		
What are your regular scheduled shifts with your employer?						
Are you available on Thursday evenings for regular training?						
Are you willing to attend training outside of regular Thursday training nights?						
PART 3: EDUCATION						
Do you have a grade 12 o	or equiva	alent YES N	0			
Have you completed any firefighter training? Describe						
İ						



PART 4: SKILLS & QUALIFICATION	IS				
Driver's License Class			Driver License expiry		
Current First Aid Certificate		CPR Certificate			
Special Skills: Do you have any un		buld be of value to	being a firefighter?		
PART 5: CRIMINAL RECORD CHEC		210 /15			
Have you ever been convicted of	a crime? YES	NO (if yes plea:	se provide details)		
PLEASE NOTE: If selected for an ir	nterview you will l	be required to cor	nplete a criminal record check.		
PART 6: VOLUNTEER ACTIVTIES					
Describe any volunteer activities i		participated.			
PART 7: MEDICAL INFORMATION					
Do you have any physical limitation that would restrict your ability to perform firefighting duties? If so, please describe.					
Describe your level of fitness?					



PART 8: REFERENCES					
Please list two references we can	contact.				
Name	Affiliation	Contact #			
1.					
2.					
Is there anyone that is a member	of this department that we can spe	eak with as a reference for you?			
Yes No If yes please pro	vide their name.				
PART 9: GENERAL INFORMATION	I				
Please tell us why you would like	to become an on-call firefighter wit	h Lantzville Fire Rescue?			
Please help us in future recruiting	by letting us know how you heard	about the Lantzville Fire Rescue			
recruiting drive?					
PART 10: APPLICANT'S CONSENT/DECLARATION					
Parent/Legal Guarding Consent for Junior Membership Application					
Only complete this section if the applicant is between 16 and 18 years of age. This section is not					
required for an applicant who is 19 years of age or older.					
I,, give consent for my son/daughter, should they be selected to					
participate as a Junior Member of Lantzville Fire Rescue.					
Name (Print)	Signature	Date			



Declaration of Applicant						
I, the undersigned, hereby formally apply to enroll as a volunteer paid on- call member of Lantzville Fire Rescue and do so certify that all the information submitted in this application is truthful and correct. I understand I will be required to have a medical examination, physical evaluation, criminal records check and submit a copy of my drivers abstract as part of the process of confirmation as suitable firefighter candidate.						
Name (Print)	Signature		Date			
FOR OFFICE USE ONLY						
Date received		Received by				