

HEDLEY FIRE DEPARTMENT

APPLICATION/INFORMATION FOR ENROLLMENT AS A PAID- ON-CALL MEMBER

CONFIDENTIAL: THIS INFORMATION WILL ONLY BE USED FOR FIRE DEPARTMENT USE

FULL NAME: _____ BIRTHDATE: _____

ADDRESS PHYSICAL; _____ MAILING; _____ POSTALCODE: _____

SOCIAL INS. NUMBER: _____ HEALTH CARE #: _____

TELEPHONE: HOME _____ BUSINESS _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

MEDICATIONS & ANY PERTINENT MEDICAL
CONDITONS: _____ Use reverse of form if necessary

EDUCATION: _____

FIRST AID CERTIFICATES (if any): _____

FIREFIGHTING EXPERIENCE (if any): _____ WHERE _____ Use reverse of form if necessary.

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____ HOURS OF WORK: _____

DRIVERS LICENSE #: _____ CLASS: _____ AIR BRAKE ENDORSEMENT? _____

DO YOU HAVE A CRIMINAL RECORD? _____ This may not affect your application.

DO WE HAVE PERMISSION TO OBTAIN A DRIVER'S ABSTRACT Yes _____ NO _____

I, the undersigned, apply to enroll as a paid-call member of the HEDLEY FIRE DEPARTMENT, and if accepted undertake to perform such duties as may be assigned to me by the Fire Chief, or his/her delegated representative in authority of the HEDLEY FIRE DEPARTMENT. I agree to account for any Fire Department equipment that may be issued to me. I understand there is a 3 month or 12 practices probation period.

SIGNED: _____ DATE: _____