Edgerton Emergency Services Department

Application for Engagement

All information received will be held in the strict confidence in accordance with federal and provincial privacy laws. In order for this application to be considered, all of the following questions must be completed.

Name: _____DOB: _____
. (Last, First, Middle) (YYYY-MM-DD)

Address: _____

Cell: _____

Current Occupation: _____

Employer: _____

Address: _____

Supervisor: _____

Contact number: _____

Valid Driver's License: Y/N Province:

Air Brakes: Y/N Class:

Any previous fire fighting experience? If yes please list department, years of service, and any qualifications.
_____
_____
_____
_____
_____
_____
_____

Any formal medical training (First Aid, MFR, EMR, EMT)? If yes please list current certifications.

Any previous volunteer history?

Are you able and willing to attend weekly practices and truck checks? Y/N

Are you able to leave your place of work to respond to emergencies? Y/N

Are you able and willing to take part in formal required training courses? Y/N

Do you have any physical impairments that would hinder you in your role as a fire fighter? Y/N

A criminal record check and drivers abstract must be submitted with this application form to be considered for EESD. They must be no more than 30 days old from the date that the application is submitted.

Are you willing to provide a copy of each? Y/N

Date Criminal Records Check Obtained:

(YYYY-MM-DD)

Date Drivers Abstract Obtained:

(YYYY-MM-DD)

List three personal references (excluding relatives)

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

Name: _____
Phone: _____
Address: _____

All information provided in this application for engagement is correct and accurate to the best of my knowledge.

_____ _____
(Signature of Applicant) **(Date)**