



Lantzville Fire Rescue
Application for Enrolment as a Paid-Call Member

Confidential

1. Full Name _____ Birth date _____
2. Address _____ Postal Code _____
3. SIN _____ Health Care No. _____
4. Home Phone _____ Cell _____ Business Phone _____
5. Height _____ Weight _____ Hair Color _____ Eye Color _____
6. Physical Disabilities (if any) _____
7. Marital Status: Single _____ Married _____
8. Spouses Full Name (if applicable) _____
9. Next of Kin _____ Relationship _____
10. Education _____

11. First Aid Certificates _____
12. Firefighting Experience (if any) _____ Where _____
13. Do you have any Specific abilities or training? _____
14. Driver's License # _____ Class _____ Air Brake Endorsement _____
15. Do you have any Traffic Infractions? If yes please give details _____

16. Why do you wish to become a Firefighter? _____

17. Place of Employment _____ How Long _____
18. Will your Employer allow you to leave work to attend a Fire Call? _____
19. Are you prepared to undergo a medical examination, at your own expenses to determine whether you are physically capable of carrying out your duties of a firefighter?
Yes _____ No _____
20. Are you prepared to train on occasional weekends? _____
21. Would you agree to a criminal record check? _____

22. **References**

1. Name: _____
Address: _____
Telephone: _____
2. Name: _____
Address: _____
Telephone: _____

Applicant's Declaration

I, the undersigned, apply to enroll as a paid-call member of the Lantzville Fire Rescue, 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 Lantzville Rescue. I agree to account for any Fire Department equipment that may be issued to me. I will be required to have a medical and physical examination and to submit a Physician's letter confirming my physical ability to carryout firefighting duties prior to bring accepted into the Lantzville Fire Rescue Fire Department.

Applicant's Signature _____ Date _____

Signature of person taking application _____ Position _____

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|------------------|---------|--------------|--|
| Resigned: | | Rank: | |
| Term of Service: | | | |
| Start Date: | | Finish Date: | |
| Years: | Months: | Days: | |