



**DALHOUSIE FIRE DEPARTMENT**

**FIREFIGHTER APPLICATION**

**NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SIN:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**BENEFICIARY:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**PRESENT EMPLOYER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_

**TYPE OF WORK:** \_\_\_\_\_

**DO YOU WORK SHIFT:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CHIEF'S APPROVAL:** \_\_\_\_\_

**Before joining he/she must show a doctor medical approval, with a complete physical, that you are able to undertake this kind of works.**

**A criminal record check with clearance from the RCMP is needed**