

KASLO FIRE DEPARTMENT

Firefighter / First Responder Application

Date _____

Name

First _____ Middle _____ Last _____

Street Address _____

Mailing Address _____

Telephone Home # _____ Work # _____ Cell # _____

E-mail Address _____

Emergency Notification

Married
Yes ___ No ___

Next of Kin _____
Telephone # _____

Drivers License # _____

D. L. Expiry Date _____

Class of License _____

Photocopy of D.L. _____

Copy of D.L. Abstract _____

Employer _____

Are you available during the Day? Yes ___ No ___ Night? Yes ___ No ___

Are you in good physical condition? Yes ___ No ___ (note - a physician's certificate may be required)

Firefighting / First Responder History

Experience/Previous Firefighting:

Training:

Firefighting/First Responder/Trade/ or relevant Work Experience:

Note - please attach copies of applicable certificate courses achieved.

Are you willing to enroll in Basic Fire Fighting Certificate Training? Yes _____ No _____
(If No – please state reason why _____)

Personal Reference Name _____ Telephone _____

Work Reference #1 Name _____ Telephone _____

Work Reference #2 Name _____ Telephone _____

I give permission to the Officers of the Kaslo Fire Department to contact the above references.

Signed _____ Date _____ Witness _____

- all applicants must undergo an RCMP 'Criminal Records Check'
- all applicants must complete a 6 month probationary period.