



Watrous Fire Department Firefighter Application Form

You must complete all sections of this application. Please print the required information in legibly in ink. This application should not be considered as a contract. Paid on call service with the Watrous Fire Department is at-will and may be terminated at any time with or without notice.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address & Box Number Apartment/Unit #

_____ *Town Prov Postal Code*

Date of Birth (DD/MM/YYYY): _____ Cell Phone Number: _____ Cell Phone Provider _____

Email: _____ Driver's License Class & Endorsements (if any): _____

Emergency Contact Information

Full Name: _____
Last First Phone:.

Address: _____
Street Address & Box Number Relationship

_____ *Town Prov Postal Code*

Why do you wish to join Watrous Fire Department?:

Do you have relevant previous experience? YES NO If yes, explain. _____

Have you ever been convicted of a felony? YES NO If yes, describe. _____

Are you willing to provide a criminal record check upon request? YES NO If Yes, explain. _____



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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Post-Secondary: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Current Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO

Would your current employer permit you to leave work for emergency calls during your work hours? YES NO



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Qualifications, Skills, Training, Medical History

| | |
|---|--|
| <p>Please list any fire, rescue, EMS and /or emergency management training, experience, and certifications you currently hold. Please attach copies of your certifications to this application.</p> | |
| <p>Please include any additional experience including community service and/or volunteer work:</p> | |
| <p>Have you ever been discharged or asked to resign from a job?</p> | |
| <p>Do you have any medical conditions or physical limitations that we should be aware of? If yes, explain:</p> | |
| <p>Are you currently on any medication or undergoing any special medical treatments? If yes, explain:</p> | |
| <p>Please list any special qualifications, skills, certificates and/or licenses you hold.</p> | |
| <p>Please use the space below to summarize any additional information you would like to include.</p> | |



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Certification & Agreement Statement

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Certification & Agreement I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information.

I understand that if I am accepted as a member of the Watrous Fire Department, I will serve a probationary period of 6 months from the date of my acceptance.

Signature: _____ Date: _____

Administration Use Only

Applicant Name (Print) _____

Fire Chief Name (Print) _____

Signature: _____

Date: _____

Deputy Fire Chief (Print) _____

Signature: _____

Date: _____

Application Status:

Approved

Denied

Probation Start Period _____

Probation End Date: _____

SIN#: _____

To be collected by the Town Administration Staff only after Approval.