

TORBAY FIRE DEPARTMENT

1288 TORBAY ROAD

P. O. BOX 1045 TORBAY, NF. A1K 1K8

Phone: (709) 437-6542 Fax: (709) 437-2307

APPLICATION FOR MEMBERSHIP

1. Full Name: _____

2. Address: _____

Street: _____

Telephone: (Home) _____ Business _____ Other _____

3. Social Insurance # _____ Date of birth _____

4. Married (), Single (), Other () Employed (), Unemployed () Student ()

5. Employer Name: _____

(a) Is your employer aware of your application? Yes () No ()

6. Education (give highest level completed) _____

7. Do you have a valid drivers license? Yes () No ()

8. Do you own a motor vehicle? Yes () No ()

9. How long have you been a resident of our Fire District _____

10. For insurance purposes, who do you wish listed as your beneficiary?

Name: _____

Address: _____

11. Do you have any medical conditions? Yes() No ()

12. Have you had any cardiovascular problems in the last five years? Yes() No ()

13. Do you have any disabilities? Yes () No ()

If yes please explain: _____

14. Please provide details of any previous Firefighting experience:

16. Please provide details of any skills, training, or experience you have acquired that would assist you as a Firefighter.

17. Please list any other organizations to which you belong;

18. Explain what aspects of Firefighting are you most interested in?

20. List any hobbies that you currently enjoy:

21. Please give two (2) names & telephone numbers for references that are non Fire Department members.

1. _____

2. _____

I agree that if I am elected a member of the Torbay Fire Department, I will abide by the regulations and by-laws of the Department, attend as many meetings, practices, fund raising events and emergency responses as possible and in every way try to be a asset to the organization.

I also understand that upon acceptance of this application I will be subject to a six – month probationary period. During this period I may be released from the Department at any time for just cause. I also understand that I will be required to provide a driver abstract if requested and a Certificate of Conduct.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Accepted: _____

Rejected: _____

Date: _____

Fire Chief: _____

Recruitment Committee Representative: _____

Comment: