



APPLICATION FOR MEMBERSHIP



Personal

Surname: _____ Given Name(s): _____

Address: _____ Postal Code: _____

E-mail address: _____

Phone: _____ (res) _____ (work)
(include area code)

In case of Emergency Contact: _____ Phone # _____

Social Insurance #: _____ Date of Birth: (M/D/YY) _____

Drivers' License Number: _____ Expiry Date: _____

Condition Codes: _____ Class: _____ Province: _____

Do you presently have any suspensions/demerits on your license? Yes No

Criminal Record: Yes No # Years Residence in Peace River _____

Education

Highest level of education completed: _____

Previous Firefighting Experience: Yes No If Yes Please specify _____

Previous EMS Experience: Yes No If Yes Please specify _____

Related courses: _____

Employment Experience

Name of Employer	Supervisor's Name	Occupation

Is there any physical or other reason that may restrict your ability to perform firefighting functions: Yes No

If yes please specify: _____

I understand that to join the Peace River Fire Department that I will have to submit to a Fire Department Medical Examination.

I understand and authorize the Peace River Fire Department to conduct a Security Clearance prior to acceptance as a member of the Department.

The above information is true to the best of my knowledge.

Signature: _____ Date: _____

Attach: **Resume (optional)**
Name and contact number of references.