



County of Northern Lights Fire Department Application for Membership



Personal

Surname: _____ Given Name(s): _____

Address: _____ Postal Code: _____

E-mail Address: _____

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

Driver's License: ___ Yes ___ No GDL: ___ Yes ___ No Expiry Date: _____

Class: _____ Condition Codes: _____ Province: _____

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

Do you have a Criminal Record? ___ Yes ___ No

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

Occupation: _____	Company Name: _____	Supervisor's Name: _____
-------------------	---------------------	--------------------------

Additional Information

What interests you the most about becoming involved with the County of Northern Lights Fire Department?

Please list other community activities, in detail, that you are involved in (sports, volunteer work, church, etc.):

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 County of Northern Lights Fire Department I will have to provide the following;

- Driver's Abstract
- Criminal Record check
- Medical Examination from a doctor/physician

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

Signature: _____ Date: _____

Attach: Resume