



# OROMOCTO VOLUNTEER FIREFIGHTER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Initial

ADDRESS: \_\_\_\_\_  
Street

City Province Postal Code

E-MAIL ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_  
Name Contact Number

## EDUCATIONAL HISTORY

Level Completed	Elementary ___ High School ___ University ___ Other ___
Additional Courses/Training	Please use Page 2 for additional information
Other Experience/Skills	

## EMPLOYMENT HISTORY

Present Employer:	Your Job Title:
Address:	Duties:
	Do you work shift work? Yes ___ No ___
Phone:	Describe Shift Schedule:
	Employed Since:

## REFERENCE

Name: _____	Number: _____	Relationship: _____
Name: _____	Number: _____	Relationship: _____

Do you have access to a vehicle? Yes \_\_\_ No \_\_\_ Do you possess a valid driver's license? Yes \_\_\_ No \_\_\_

**Note:** Upon successful completion of the interview and physical testing process, **selected applicants** must provide the following documentation:

1. A OFD Medical Examination Form to be completed by a physician. (cost to be reimbursed by the Department)
2. A Driver's Abstract from ServiceNB (cost to be reimbursed by the Department)
3. A criminal background check (RCMP, 4 Doyle Drive).

