

OROMOCTO VOLUNTEER FIREFIGHTER APPLICATION

DATE:					by Email	
NAME:						
	Last	First		Initial		
ADDRESS:						
	Street					
E 84411	City		Provin	ce	Postal Code	
E-MAIL ADDRESS:			TELEPHONE:			
NEXT OF KIN:						
	Name		Contact Number			
EDUCATIONAL	HISTORY					
Level Complete		Elementary			Other	
Please use Page 2 to list additional information regarding ed			cation/experience or s	kills		
ENADLOVNAENT	LUCTORY					
EMPLOYMENT Present Employ			Your Job Title:			
Address:	,		Duties:			
			Do you work shift wor	k2 Vac	No	
			DO YOU WOLK SHILL WOL	K: 163	NO	
Phone:			Describe Shift Schedul	e:		
			Employed Since:			
REFERENCE						
Name:	Numb	er:	Relation	ship:		
Name:	Numb	er:	Relation	ship:		
Do you have ac	ccess to a vehicle? Yes No _	Do you po	ossess a valid driver's l	icense? 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).

Note: You will be contacted to attend an	information session.					
In applying for a position with the Oromo hereby certify that the information contains		and that the above noted conditions must be rate to the best of my knowledge.	e met. I			
Applicant's Signature:		Date:				
** 🖫	ADDITIONAL COURSES/TRA					
** Please note, you may attach copies of any relevant certificates **						
0.00						
Office use only	Date	Results				
Information Session Interview						
Physical/Agility Test						
Criminal Background Check						
Medical Exam						
Recommendation on application	APPROVED Yes	No				
• •						
Date: Recruiting	g Officer:	Chief Officer				