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| **Personal** **Information** |
| First Name: Click or tap here to enter text. | Last Name: Click or tap here to enter text.  |
| Birthdate: Click or tap here to enter text.  |  |
| Phone Number: Click or tap here to enter text.  | Email Address: Click or tap here to enter text.  |
| Do you currently live in Churchbridge? | Yes [ ]  No [ ]  |
| If not, where? Click or tap here to enter text.  |

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| **Employment** |
| Do you work in the town of Churchbridge? | Yes [ ]  No [ ]  |
| If not, what town do you work in? Click or tap here to enter text.  |
| Current Employer: Click or tap here to enter text.  |
| Years worked at Employer: Click or tap here to enter text.  |
| Job title: Click or tap here to enter text.  |
| Describe your shift rotation and/or hours of work: Click or tap here to enter text. |
| Do you have your employers’ consent to leave work to attend calls? | Yes [ ]  No [ ]  |

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| **Interests** |
| Why do you want to join the fire service? Click or tap here to enter text. |

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| **Experience** |
| Do you have any previous firefighting experience? | Yes [ ]  No [ ]  |
| If so, years of service? Click or tap here to enter text.  |
| Position or rank held (if applicable) Click or tap here to enter text. |
| Can you provide certificates of fire training? | Yes [ ]  No [ ]  |
| Do you have any other volunteer experience?  |

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| **Certifications** |
| Do you have a valid drivers license?  | Yes [ ]  No [ ]  |
| Class: Click or tap here to enter text. Endorsements: Click or tap here to enter text. |
| Do you have a valid CPR Certificate?  | Yes [ ]  No [ ]  |
| Do you have a valid First Aid Certificate? | Yes [ ]  No [ ]  |
| Do you have any other certifications? Click or tap here to enter text.  |
| Do you have any additional skills or training that you believe would be valuable to the fire service? Click or tap here to enter text.  |

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| **Commitment** |
| Regular scheduled meeting/training nights occur twice a month, every first and third Wednesday evenings. Can you meet this requirement? | Yes [ ]  No [ ]  |
| Are you willing to participate in additional training outside of the monthly training nights? These dates may include weekdays and weekends. | Yes [ ]  No [ ]  |

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| **Medical** |
| Do you have any medical conditions that may hinder your participation as a firefighter with Churchbridge Fire Rescue? | Yes [ ]  No [ ]  |
| Are you willing to obtain medical clearance to become a member of Churchbridge Fire Rescue? | Yes [ ]  No [ ]  |
| Are you willing to participate in a physical fitness related test as part of the selection process? | Yes [ ]  No [ ]  |

Date: Click or tap here to enter text.

Checking this box is your confirmation that all of the above information is correct [ ]

Please email the application to churchbridgefire@hotmail.com