



ENGLEHART AND AREA FIRE DEPARTMENT
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APPLICATION FOR FIREFIGHTER

Name of Applicant _____

Date of Application: _____

Have You Applied Before? Yes: ____ **No:** ____ **If yes when?** _____

Mailing Address: _____

Phone No.: Home: _____ Work: _____ Cell: _____ Fax: _____

Email: _____

Education: (Include Level, Institution, Diploma, Degree, Area of Concentration)

Date of Birth: _____ **Driver's Licence #** _____ **Type:** _____

Type of Truck(s) Driven: _____

Employer: _____ **Address of Employer:** _____

Normal Working Hours: _____

State Any Previous Fire Fighting Experience _____

Date Approved: _____ **Chief or Designate Signature:** _____

If accepted a Medical will be required. A form will be provided upon acceptance of your application. Are you willing to take a medical examination? YES ____ No ____

Examination will be at the expense of the applicant.