

TOWN OF O'LEARY
O'LEARY VOLUNTEER FIRE DEPARTMENT
FIRE FIGHTER APPLICATION FORM

NAME: _____ ADDRESS (physical address and mailing
address if different): _____

SIN # _____ HEALTH CARD # _____

DRIVER'S LICENSE # _____ DATE OF BIRTH _____

DO YOU POSSESS A VALID 3A DRIVER'S LICENSE? _____

PHONE #'S: Home _____ Work _____ Cell _____

PLEASE NOTE A CRIMINAL RECORD CHECK WILL BE REQUIRED AND MUST BE SUBMITTED WITH YOUR APPLICATION.

The above shall serve as my formal application to be considered and accepted/rejected as a volunteer firefighter with the O'Leary Volunteer Fire Department.

Signature

FOR DEPARTMENT USE ONLY:

DATE: _____ APPROVAL: YES ____ NO ____

PROBATION END DATE: _____

REMARKS: _____

EQUIPMENT ISSUE	DATE OUT	SIGNATURE	DATE IN	INITIALS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DETAILS ON FIRE DEPARTMENT RELATED INJURIES: _____
