




Greenwood Volunteer Fire Department

Box 158, Greenwood, B.C. V0H 1J0 - Phone 250-445-6554 - Fax 250-445-6552 - firedept@greenwoodcity.com

FIREFIGHTER APPLICATION

Date: _____

PERSONAL INFORMATION (Please Print w/Ink)

Last Name:		Given Name[s]:		
 Home:	Work:	Other: [e.g. cellular, fax, etc.]	Date Of Birth:	
E-mail:		Mailing Address		
Street Address:		City:	Province:	Postal Code:
B.C. CareCard:		Social Insurance Number:		

GENERAL INFORMATION

Valid Driver's Licence: YES NO	Driver's Licence Class:	Air Brake Endorsement: YES NO	Driver's Licence No.:	Province:
Have you had previous Fire Fighting experience? YES NO If yes, explain where and how long:				
Do you have physical limitations or health/allergenic problems that may affect your performance? YES NO If yes, provide details:				
Additional qualifications, volunteer experience and/or organization memberships relevant to the firefighter position that you have applied for: (e.g. CPR, First Aid, Traffic Control Persons, etc.)				

APPLICANTS DECLARATION

(Please read carefully before signing)

I hereby certify:

1. That I understand that omissions or misrepresentation made on this application or other documentation related to firefighter application will be sufficient cause for cancellation of my application and, if employed, for dismissal from Greenwood Volunteer Fire Department.

Applicant's Signature

Please Print Name

Date

Greenwood Volunteer Fire Department is an equal opportunity organization and does not discriminate against persons because of race, age, religion, sex, colour or national origin.

How to submit application:

FAX:

(250) 445-6554

MAIL:

Greenwood Fire Department
P.O. Box 158
Greenwood, B.C.
VOH 1J0
RE: Firefighter Application

DROP OFF:

City of Greenwood
202 Government Avenue
Greenwood, B.C.
ATTN: Fire Chief