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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](mailto:churchbridgefire@hotmail.com)