

GEORGETOWN FIRE & RESCUE



APPLICATION FORM

APPLICANT INFORMATION													
Last Name			First			M.I.							
Street Address						Apartment/Unit #							
Mailing Address				City / Town		Postal Code							
Home Phone #			Cell Phone #			Gender		Male <input type="checkbox"/>			Female <input type="checkbox"/>		
Date of Birth		/ /		Social Insurance No.			E-mail Address						
Position Applied for			Drivers License #			Class		Air Brakes		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Do you live in the Georgetown Fire District			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you in Good Physical Condition?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever been a member of any other Fire Department?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?						
Do you have any Medical Conditions?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain						
Are you willing to take all necessary training for this position?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain					
Is your Drivers License currently valid?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, explain					
You are required to provide a Criminal Record Check will this be an issue?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
You may be required to provide a Drives Abstract will this be an issue?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION													
High School			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other			Address										
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			

ADDITIONAL INFORMATION / COMMENTS

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
I understand that false or misleading information in my application or interview may result in my release as a member of the Department.

Signature		Date	
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