



Buckland Fire/Rescue Firefighter Application

Email completed applications to: info@bucklandfire.com

SECTION 1: PERSONAL INFORMATION

Name of Applicant: _____
(SURNAME) (FIRST NAME)

Address: _____
(STREET ADDRESS) (CITY) (POSTAL CODE)

Phone Number: _____ Email Address: _____

Are you over the age of 18? YES NO

Next of Kin: _____
(NAME) (PHONE NUMBER) (RELATIONSHIP)

Do you have access to a vehicle? YES NO

Driver's Licence: _____
(LICENCE NUMBER) (CLASS) Airbrake Endorsement: YES NO

SECTION 2: EMPLOYMENT & EXPERIENCE

Employer: _____ Occupation: _____ Location: _____

Were you ever a member of another fire department? YES NO If yes, where? _____

List any first responder qualifications and/or training you have which may benefit this Department:

Do you have any health conditions or limitations? YES NO If yes, explain: _____

Are you able to leave work to attend emergency calls? YES NO

Do you anticipate any problems/conflicts attending the following activities:

Tuesday Night Training YES NO Emergency Calls YES NO

If yes, explain: _____ If yes, explain: _____

SECTION 3: REFERENCES

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Selected applicants must provide a **criminal background report** and a **driver's abstract report**. Any cost for obtaining these documents will be reimbursed by Buckland Fire/Rescue

I hereby agree to adhere to the by-laws, policies and procedures of Buckland Fire/Rescue. I further agree to respond to emergency calls and to actively participate in meetings, training sessions and other department activities when available.

Signature: _____ Date: _____

Buckland Fire/Rescue is an equal opportunity employer. This information is collected under the Freedom of Information Act and is required to process your application for employment with Buckland/Fire Rescue. All information submitted on this form will remain confidential.