



Hafford Fire Department

Application Form

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Civic Address: _____
Street Address Apartment/Unit #

Town Province Postal Code

Mailing Address: _____
Address / Box Number

Town Province Postal Code

Email: _____

Marital Status: _____ # of Dependents: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Drivers License #: _____ License Class: _____

Date of Birth: _____ Height / Weight: _____

Do you have any disabilities that may impair your ability to perform any duties? YES NO

If Yes, Please explain: _____

Required to have an active cell phone on a contract not prepaid. YES NO
Are you able to meet this requirement?

Is your employer willing to allow you to join this department? YES NO

Is your employer willing to allow you to attend calls during working hours? YES NO

Will you be willing to carry a radio or cell phone during working hours? YES NO

Previous experience with emergency services?

Do you have any medical conditions, major operations or other issues with your general health (e.g. claustrophobia, fear of heights, aversion to blood?) Please explain. YES NO

Do you have any special training or classification of any kind? (Previous firefighter training, medical certifications etc.) YES NO

Are you willing do volunteer work, attend training sessions or fire schools? YES NO

Applicant's Home Phone Number: _____

Applicant's Cell Number: _____

Cell Service Provider: _____

Employer's Phone Number: _____

Please include a Drivers Abstract with this application.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Employer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____