



The Municipality of the County of Cumberland

1395 Blair Lake Road

Upper Nappan, NS

B4H 3Y4 667-2313

Application Form

Personal information on this form is collected under the authority of the Freedom of Information Act, and will be used to determine eligibility for employment as a Volunteer Fire Fighter.

Name: _____
Surname Given Initial

Address: _____ # Years

Phone: (H): _____ (W): _____

Occupation: _____

Employment History:

Name of present/most recent Employer: _____

Address: _____

Duties/ Responsibilities: _____

Former Employer: _____

Address: _____

Duties/ Responsibilities: _____

Have you discussed with your employer the fact that you are applying for a position with your local Fire Department? Yes [] No []

If yes, did your employer express any negative reaction:

Education:

Secondary School _____ Diploma: _____

College/ University _____ Diploma: _____

Courses/ Workshops/ Seminars: _____

First Aid Training/ Certificates:

Please list any relevant training or experience you possess that you feel would be beneficial to the



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Department, e.g. fire suppression training, first aid, S.C.B.A. certification, air brake endorsement
Etc. _____

Please list any special skills or abilities that you possess which you feel would be beneficial to the
Department.

_____.

Are you available to respond to emergencies during:

The daytime? Y/N

The night? Y/N

The weekend? Y/N

Please provide three character references that we may contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I _____ authorize the Fire Department to contact the persons or organizations
listed above for the purpose of obtaining reference information including information contained in
my personnel file. These persons are authorized to disclose such information.

Potential members will be interviewed by the appropriate Fire District Chief/s.

Applicants shall be subject to a physical examination by a doctor approved by the municipality at
the applicant's expense. Accepted applicants are subject to a twelve-month probationary period
and are required to successfully complete minimum training requirements before full status is
granted.

Applicants Name: (print) _____

Applicants Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Comments: _____

