

ANNEX K APPLICATION FORM

EAST HANTS FIRE SERVICE MEMBERSHIP APPLICATION

(Please Print)

Department Applying For: _____ Department Senior Junior

Applicant Name: _____
(LAST) (FIRST) (INITIAL)

Address: _____
(NUMBER) (STREET) (VILLAGE) (POSTAL CODE)

Home Phone: _____ Cell: _____ Email: _____

Are you over the age of 18? Yes No

Employer: _____

Occupation: _____

Drivers License:

(MASTER NUMBER) (CLASS) (ENDORSEMENTS) (YRS Driving)

Current/Previous Training – Proof Required

Fire Service: _____ Years

Department: _____ Position: _____

Level of Qualification/Training: _____

Medical Training: _____

Unique Qualifications: _____

I hereby apply for membership in the East Hants Fire Service. I understand that I shall be required to submit the following documentation:

1. Criminal records check
2. Medical eligibility form (Annex E)
3. Previous fire service records
4. Medical training

All documentation shall be completed prior to processing the application. I agree to be interviewed by the membership committee to discuss suitability for membership, covering any or all of the following topics:

1. Criminal records check results (Annex N)
2. Medical eligibility form results
3. Previous fire service
4. Medical training

The membership committee shall make a recommendation to the department as to the suitability of the applicant. Submitting an application does not guarantee membership. Any false statements on this application are grounds for immediate rejection.

If accepted:

1. I agree to adhere to the Constitution and Bylaws, Policies, and Guidelines of the Department.
2. I agree that any equipment, uniforms, protective clothing, training materials, identification cards, or any other items which may be provided for my use, is the property of the Department and shall be promptly returned to the Department upon my leaving the Department, whether by resignation, termination or any other means.
3. I agree that participation in Department activities may make me privy to information about citizens of the fire protection area, members of the Department, Departmental activities, or other information of a personal or confidential nature and I will not reveal or discuss, except as required to carry out my duties as a member of the Department, and will sign a non disclosure agreement to that effect.
4. I agree that I will be expected to attend all incidents, training sessions, and monthly business meetings and assist with fund raising activities when available.

In the filing of this application, I understand that by my lack of participation for a period of three months, I shall be presumed to have resigned.

Parent/Guardian: _____
(IF UNDER 18 YEARS)

Date: _____

Applicant Signature: _____

Date: _____

STEP	DATE	INITIAL	STEP	DATE	INITIAL
CRIMINAL RECORD			MEDICAL REPORT		
NO CHARGES PENDING			DRIVERS ABSTRACT		
PROBATIONARY STATUS			ACTIVE STATUS		