



Fernie Fire Rescue
Box 1319
692 3rd Ave. Fernie, BC V0B 1M0
tel: 250 423-4226 fax: 250 423-3836
Fire Chief: ted.ruiter@fernie.ca

Application Form

For Membership in Fernie Fire Fighters Association

Date of Application: _____

Name: _____ **Home Phone:** _____

Email: _____ **Cel Phone:** _____

Work Phone: _____

Street Address: _____

Mailing Address: _____

Valid Drivers? (Yes) (No) License Class _____ **Air Brakes? (Yes) (No)**

Have you ever been a member of a fire department? (Yes) (No)

If Yes, Where and for how long? _____

Highest level of education (Minimum Grade 12)? _____

Length of time residing in the Fernie Fire District? _____

Present Employment

Employers Name and

Address: _____

Time Employed above? _____

Profession? _____

Do you work shift work? _____

Do you work weekends? _____

Do you have:

**Fire fighting
experience?** _____

**Emergency
Training?** _____

**Training or interests that would benefit the Fire
Department?** _____

**** If applicant is successful with their application, they will be required to fill out
more detailed forms****

(Office Use Only)

Date Application Received _____

- | | | |
|--------------------------------------|------------|-----------|
| 1. <i>Criminal Record Check</i> | <i>Yes</i> | <i>No</i> |
| 2. <i>Drivers Abstract</i> | <i>Yes</i> | <i>No</i> |
| 3. <i>HEP B Shot</i> | <i>Yes</i> | <i>No</i> |
| 4. <i>Flu Shot</i> | <i>Yes</i> | <i>No</i> |
| 5. <i>Medical (Your own expense)</i> | <i>Yes</i> | <i>No</i> |