Wainwright Fire Rescue Department
Application Form

All information received will be held in strict confidence in accordance with federal and provincial privacy laws. In order for this application to be considered, all of the questions must be fully completed.

1)   Personal Information

Surname:	First Name:	Address:
Home Phone:	Work Phone:	Occupation:
Over 18 years of age yes/no	Driver License Number:	Class of Drivers License:

2)   Background Information

- **Do you have any previous experience or related training that would be considered an asset to the Wainwright Fire Rescue Department.** (Attach relevant documentation to this application form).

- Are you able and willing to attend weekly practices?   YES   NO

- Are you able to leave your place of work to respond to emergencies?   YES   NO

- Are you able and willing to take part in formal required training courses?   YES   NO

- Are you willing to undergo an RCMP criminal record check?   YES   NO

3)   References

List Three (3) personal references (excluding relatives) (Attach an additional sheet if more space is required).

Name:_____	Name:_____	Name:_____
Phone:_____	Phone:_____	Phone:_____
Address:_____ _____	Address:_____ _____	Address:_____ _____

All information provided is correct and accurate to the best of my knowledge.

Signature:_____   **Date:**_____

Please submit to the Wainwright Fire Rescue Department:

Town of Wainwright
Attn: Fire Chief
1018-2nd Avenue
Wainwright, Alberta   T9W 1R1