

Hudson's Hope Fire Rescue Fire Fighter Application Form

Information collected is private and confidential and will only be used by the District of Hudson's Hope and Hudson's Hope Fire Rescue

Legal Last Name:		Residence Phone #:	
Legal First Name:	Middle Initial:	Work Phone #:	
Street Address:		Cell Phone #:	
Mailing Address:		Email:	
City:	Postal Code:	Driver's License #:	Class:
Non smoker ?	Yes <input type="checkbox"/>	Driver's License Expiry Date:	
Name and number of years of service with any other Fire Department(s):			
Relevant Skills (you may attach additional sheets or certificates)			

I am applying for the:

Beryl Prairie Fire Hall

Downtown Fire Hall

I have attached/submitted proof of completion for the following:

Electrical Safety Course including Fire Fighter Module

ICS 100

I am at least 18 years old at the time of application Yes

Note:

- 1) All applicants will be required to consent to a current criminal record check if application is successful.
- 2) All applicants will be required to provide a driver's abstract if application is successful.
- 3) This application will be kept on file for 2 years.

Signed: _____

Date: _____