



Application Form

Marystown Volunteer Fire Department

P.O. Box 918
Marystown, Newfoundland
A0E 2M0

Please Print

Personal Information

1. Name: _____
Surname Christian Name Initial
2. Present Address: _____
Street Town Province
_____ Postal Code Email: _____
3. Telephone: _____
Home Business
4. Height: _____ Weight: _____
5. Do you wear corrective lenses? Yes No
6. Next of Kin: _____
Name Address Relationship
7. Do you suffer from either: Claustrophobia? Yes No Acrophobia? Yes No

Employment History

8. Occupation: _____
9. Employer: _____
10. Length of employment with present employer: _____
Years Months



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11. Have you discussed your application to the Marystown Volunteer Fire Department with your employer for reasons regarding response time to emergency calls during working hours? Yes No

12. Do you possess a certificate in any trade other than that listed above?

1) _____

2) _____

3) _____

13. If you have been dismissed from any employment, please state reasons:

General Information

14. Do you possess a valid driver's license? Yes No Class: _____

15. Are you able to drive a standard heavy-duty truck? Yes No

16. Do you have your own transportation? Yes No

17. Do you possess a current First Aid Certificate? Yes No

18. Have you had any training in Firefighting? Yes No
(If Yes, please give details)

19. Have you had any military training? Yes No
(State details)



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20. Have you been convicted before a court of law with any offence? Yes No

21. Do you belong to any service organizations? Yes No
(If yes, state names of organizations)

22. Do you belong to any volunteer organizations? Yes No
(If yes, state names of organizations)

Educational History

23. Please indicate appropriate Secondary Grade Level: 8 9 10 11 12

Post Secondary (please indicate):

24. Additional Comments:

ANY INFORMATION GIVEN ABOVE WILL BE HELD IN THE STRICTEST CONFIDENCE
All Applicants must be nineteen (19) years of age or older to apply to be a Marystown Volunteer Firefighter



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I hereby certify that the information given in this application is correct and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

The following information is required of all applicants when notified by the Department:

- 1) An Oath, witnessed by a Justice of the Peace, Commissioner of Oaths or Notary Public
- 2) Two reference contacts (cannot be current departmental members)
- 3) Certificate of Conduct (form to be provided by the Department)

All Applicants are required to pass a medical examination – the medical form will be provided by the Department.

DO NOT WRITE BELOW THIS LINE – Department use only.

Date of Interview: _____

Interviewers: _____

Accepted: Application retained for file:

Remarks:

Signature of Fire Chief: _____

Date: _____