



Reynolds Fire Department
8 Firehall Rd E Prawda, Manitoba R0E 0X0

Paid On-Call Application

APPLICANT INFORMATION:

Last Name: _____ **First Name:** _____ **Middle Initials:** _____

Mailing Address: _____
Address City Province Postal / Code

Physical Address (If different than Mailing): _____

Home Number: _____ **Mobile Phone Number:** _____

Social Insurance Number: _____ **Date of Birth:** _____ **Age:** _____

Gender: _____ **Canadian Citizen:** Yes No **Occupation:** _____

Valid Driver's License: Yes No **License Number:** _____ (Copy of License Required)

License Expiration: _____ **Restrictions:** _____

MEDICAL INFORMATION:

Do you have any known allergies? If so, please describe:

Emergency Contacts:

1st Contact: _____ **2nd Contact:** _____

Phone Number: _____ **Phone Number:** _____

PREVIOUS EXPERIENCE:

Are you or have you been a member of a Fire Department? Yes, I'm a current member Yes, I was No

If yes, which department and date of service: _____

Certification	Date of Certification	Current Level of Certification	Expiration Date
CPR			
Emergency Responder			
Advanced First Aid			
Other:			



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AVAILABILITY:

Please check all applicable: Day (8 a.m. to 6 p.m.) Evening (6 p.m. to 8 a.m.) Other: _____

Are you prepared to take additional courses/certifications required? Yes No

X

Applicants signature:

OFFICE USE ONLY:

Date Received: _____ Received by: _____

Approved: ___ Yes ___ No Start date: _____