



Deer Lake Fire/Rescue



6A Crescent Street

Deer Lake, NL

A8A 1E9

635-3411 or 635-2451

Firefighter Application / Deer Lake Fire Dept.

Date: _____

Name: _____

Date Of Birth: _____

Address: _____

Phone #: _____

Present Employment: _____

Business Phone #: _____

Approval From Employer: (To Attend Calls) _____

Reason For Joining Fire Dept: _____

Previous Fire Fighting Experience: YES: _____ NO: _____

If Yes Explain: _____

Do You Have First Aid: YES: _____ NO: _____

If Yes Explain: _____

Education: _____

I) Do You Have A Drivers Licence: YES: _____ NO: _____

If Yes Fill Out Section II)

II) 1) Licence #: _____

2) Class Of Licence: _____

3) Years Of Experience: _____

4) Do You Own A Vehicle: _____

Do You Have Any Physical Disabilities: YES: _____ NO: _____

If Yes Explain: _____

Do You Have Future Plans To Move Away: YES: _____ NO: _____

Are You Claustrophobic: YES: _____ NO: _____

Are You Afraid Of Heights: YES: _____ NO: _____

Signature: _____

Office Use Only

Date Interviewed: _____

Interviewed By: _____
