



PAID-ON-CALL  
FIREFIGHTER APPLICATION FORM

SURNAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
dd/mm/yy

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

S.I.N. #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ # of DEPENDENTS: \_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_

FOR HOW LONG: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK TELEPHONE #: \_\_\_\_\_

LIST THREE REFERENCES:

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_

\_\_\_\_\_  
PHONE: \_\_\_\_\_

ARE YOU BEING TREATED FOR ANY MEDICAL ILLNESSES, (PLEASE SPECIFY):

\_\_\_\_\_  
\_\_\_\_\_

DRIVERS LICENCE #: \_\_\_\_\_ CLASS: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ AIR ENDORSEMENT: \_\_\_\_\_  
dd/mm/yy yes/no

RESUME ENCLOSED: \_\_\_\_\_  
yes/no

I HEREBY MAKE MY APPLICATION TO THE WESTSIDE FIRE RESCUE TO BECOME A PAID ON CALL FIREFIGHTER.

I AM WILLING TO ABIDE BY ALL DEPARTMENT RULES & OPERATIONAL GUIDELINES AND I REALIZE THAT MY FAILURE TO COMPLY WITH ALL THESE RULES & GUIDELINES MAY RESULT IN MY BEING DISCIPLINED OR DISMISSED FROM THE WESTSIDE FIRE RESCUE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_