

Please print on application clearly



APPLICATION FORM

Name: _____

Niverville Fire & Emergency Services
Box 267 Niverville, MB R0A 1E0
Email: firechief@whereyoubelong.ca
Phone/Fax 388-6484
Emergency 911

Please print on application clearly

Name: _____ / _____

Surname

Given Names

Telephone: (h) () - _____

Telephone: (c) () - _____

Telephone: (w) () - _____

Email: _____

Physical Address: _____

Mailing Address: _____

Town: _____

Province: _____

Postal Code: _____

Are you 18 yrs of age or older? (Circle) Yes/No

Do you own your own vehicle for transportation? (Circle) Yes/No

PERSONAL INFORMATION:

Do you have a spouse, partner? (Circle) Yes/No

Have you discussed your desire to join the emergency services? (Circle) Yes/No

Do you have their support? (Circle) Yes/No

Do you wear glasses or contacts? (Circle) Yes/No

Do you have a medical condition that could impede your ability in emergency situation?
(Circle) Yes/No

How long have you lived in the Town of Niverville and or area? _____

Please print on application clearly

Do you have any phobias with (height, blood or confined space, etc.)? (Circle) Yes/No

If yes, please explain:

Describe any skills you possess applicable to the Emergency Services:

Describe your main hobbies and interests outside of work:

EMPLOYMENT INFORMATION:

Current Occupation(s): _____

Employers(s): _____

Name of Supervisor(s): _____

Employer's Address(s): _____

Employer's Phone No(s) _____

Niverville Fire & Emergency Services
Box 267 Niverville, MB R0A 1E0
Email: firechief@whereyoubelong.ca
Phone/Fax 388-6484
Emergency 911

Please print on application clearly

Company Name and Address: _____

Date Worked: From: _____ To: _____

Position(s) Held: _____

Duties Performed: _____

Name of Supervisor: _____ Phone #: _____

Reason for Leaving: _____

May we contact this Employer? (Circle) Yes/No

EDUCATION:

Last Grade Completed _____ Year Completed _____

Post Secondary _____ Year Completed _____

Technical or Trade _____ Year Completed _____

Any Specialized Training? (Circle) Yes/no

If so, Explain: _____

PERSONAL REFERENCES:

(OTHER THEN RELATIVES)

Name: _____ Phone: _____

Name: _____ Phone: _____

Niverville Fire & Emergency Services
Box 267 Niverville, MB R0A 1E0
Email: firechief@whereyoubelong.ca
Phone/Fax 388-6484
Emergency 911

Please print on application clearly

If you are successful in the application process, you will be required to attend Emergency Services practice and general meetings, held every FIRST and THIRD Tuesday of each month from 18:30h to 22:00h. In addition to this, NFES requires members to participate in required training to meet Town of Niverville guidelines for firefighter and EMS providers. On occasion members will be asked to participated in weekend training or special events supported or held by the Emergency Services. Can you meet these requirements?

(Circle) Yes/No

AUTHORIZATION:

I hereby authorize the Niverville Fire and Emergency Services to review and authorize each character reference, employer and educational institution as names above to provide any information about me in regards to this application

I certify that the above information as provided is true and correct and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the Niverville Fire and Emergency Services.

I understand that I must reside in the Town of Niverville and or area.

I understand that upon my acceptance as a member of the Emergency Services I will be subject to a one year probationary status and that during that period I may be released at anytime upon review and recommendations of the HR Committee of NFES.

Signature of Applicant: _____

Date: _____

- Criminal Record with vulnerable sector check
- Driver's abstract
- Copy of Driver license

Interview date:

Niverville Fire & Emergency Services
Box 267 Niverville, MB R0A 1E0
Email: firechief@whereyoubelong.ca
Phone/Fax 388-6484
Emergency 911