



**GRAND FORKS FIRE/RESCUE**  
PO Box 220, 7214 2<sup>nd</sup> Street  
Grand Forks, BC V0H 1H0  
Ph. 250-442-3612  
Email firehall@grandforks.ca



**Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Address \_\_\_\_\_ Hours of Work \_\_\_\_\_

Will your employer allow you to go to daytime calls? \_\_\_\_\_

Do you have any previous Fire Fighting Training or experience?

Years \_\_\_\_\_ Department \_\_\_\_\_

Certifications \_\_\_\_\_

Do you have any previous Emergency Training? If yes, what level of certification \_\_\_\_\_

Do you have a valid B.C. Drivers Licence? \_\_\_\_\_ Licence # \_\_\_\_\_

*Please bring in a drivers abstract from less than one month from application form date.*

SIN# \_\_\_\_\_

Do you have any physical/mental conditions which may limit your ability to perform certain types of work? \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

Are you on any medications? \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

Applicant signature \_\_\_\_\_