



TOWN OF REDCLIFF FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES

103.1 – FIREFIGHTER APPLICATION

SOG # 103.1

MEMBERSHIP INFORMATION

Name: _____

Mailing Address: _____

Home Address: _____

Phone Number: _____ Cell: _____ Carrier: _____

Email Address: _____

Emergency Contact Name and Number: _____

Do you have physical or medical conditions that would prevent you from firefighting duties? YES NO

Class of Driver's License: _____

Previous Firefighting Experience/Certification: _____

Previous Work Experience: *Attach separate sheet or resume for further detail.*

Position: _____

Employer: _____

Dates: _____ to _____

Reference: _____

Position: _____

Employer: _____

Dates: _____ to _____

Reference: _____

Position: _____

Employer: _____

Dates: _____ to _____

Reference: _____



TOWN OF REDCLIFF FIRE DEPARTMENT STANDARD OPERATING GUIDELINES

Have you ever been convicted and/or have a criminal record?

YES NO

I accept the fact that a criminal record check and driver's abstract may be requested.

Signature: _____ Date: _____

The personal information on this form is collected under the FOIP act, Sec. 33 C and will be used only for the purpose of the Town Fire files.