Stellarton Fire Department
P.O. Box 600, Stellarton, N.S. B0K 1S0

Application for Membership

Name: _____

Street Address: _____

Telephone: (Home) _____ (Work) _____

Occupation: _____

Employer: _____

Date of Birth: Day _____ Month _____ Year _____

How long have you lived at the above address? _____ Years

Do you have good vision? Yes No

Do you have a fear of heights? Yes No

Do you have any physical disabilities that may affect your performance as a firefighter? Yes No

Do you have a fear of confined space? Yes No

Are you willing to have a medical examination? Yes No

Do you have previous experience as a firefighter? Yes No

If yes, with what department? _____

For how long? _____

Department Address: _____

Chief: _____ Phone: _____

Do you have any previous relevant training?
Please check as appropriate and provide certificate.

Firefighting ____ Health & Safety ____ First Aid ____ WHMIS ____ TDG ____ LPG ____

CPR ____ Other *(Please Specify)* _____

Do you have a valid driver's license? Yes No

Do you consent to a criminal background check? Yes No

If accepted as a Member of the Stellarton Fire Department, I agree as follows:

- To be available for continuous service during the next two years, subject to the successful completion of my probationary period;
- To work on any committee(s) that is/are requested of me;
- To abide by all rules and regulations of the Department;
- To carry out, to the best of my abilities, all orders given to me by the officers of the Department;
- To complete the Level I Firefighters Course as soon as conveniently possible, but in no case later than two years after becoming a member of the Department;
- To provide a Nova Scotia Drivers' Abstract.

Date: _____

Signature: _____