



# FDM PERSONNEL APPLICATION FORM

Protective Services Suite D, 180 North Third Avenue, Williams Lake, BC V2G 2A4  
Ph: 250-392-3351 | TF: 1-800-665-1636 | Fax: 250-392-2812

## ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

### PERSONAL INFORMATION

Employee #: \_\_\_\_\_ Previous Employee #: \_\_\_\_\_  
Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Mailing Address (if different from above):  
Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
S.I.N. (optional): \_\_\_\_\_ Health Care No: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Driver's Licence No.: \_\_\_\_\_  
DL Class: \_\_\_\_\_ Restrictions/Endorsements \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Newsletter: ☐ Email ☐ Mail ☐ Do Not Receive

### EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Emergency Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Next of kin: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### PRESENT EMPLOYMENT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Will your employer allow you to respond to a fire call while at work? ☐ Yes ☐ No

**MEDICAL INFORMATION**

Allergies:

Medical Conditions:

**EDUCATION/EXPERIENCE**

First Aid Certificate: Type \_\_\_\_\_ Expiry: \_\_\_\_\_

Previous Fire Service Experience: ☐ Yes ☐ No If yes please specify?

Certificates:

I hereby declare that I am 19 years of age. I understand there is a six month probationary period to determine my suitability to perform as a volunteer fire fighter with \_\_\_\_\_  
(Name of Fire Department)

\_\_\_\_\_  
Date Signature

The following documents below must be completed and accompany this Application:

- ☐ Driver's Abstract must be submitted with application. Contact ICBC for instructions.
- ☐ Criminal Records Check. Contact your local RCMP office.
- ☐ Medical Opinion Clearance Form must be submitted with application (see attached)

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This section to be filled in by Fire Chief of chosen Fire Department application

\_\_\_\_\_  
Date Fire Chief Signature

\_\_\_\_\_  
Fire Department Name

\_\_\_\_\_  
Probation Start Date Probation End Date

Radio Serial #: \_\_\_\_\_ Pager Group1: \_\_\_\_\_

Pager Serial #: \_\_\_\_\_ Pager Group 2: \_\_\_\_\_