



**Swan River Fire Department**  
Box 2992- 700 1st Street North. Swan River MB R0L1Z0  
Phone (204) 734-4403 Fax: (204) 734-4495 Email: srfd@townsr.ca

**FIREFIGHTER APPLICATION**

**Applicant Information:**

Full Name:		Date:
Street Address:		
City:	Postal Code:	
Previous Address (if less than 5 years at current address)		
Phone Numbers: Home:	Work:	
Cell:	Email:	
Drivers License:	D/L class:	Air Brakes:

**Employment Information:**

Present Employer:	
Length of Time There:	
Employers Address:	
Phone:	Supervisor:
Nature of Employment:	
Shift Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will Your employer allow you attend fire calls during work hours?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Previous Employer:	
Length of time there:	
Employers address:	
Phone:	Supervisor
Nature of Employment:	
Are you legally entitled to work in Canada (Cdn. Citizen or Landed Immigrant?)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Education:**

Highest Level Education Attained?	
Related Emergency Training/Qualifications/Experience:	
Do you hold a valid First Aid Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what level?	

**Personal Information:**

Do you have any physical limitations or health problems that may affect you performance as a firefighter?    Yes        No   

If yes, describe:

List the languages you are able to fluently;

Speak:

Read:

Write:

**Please explain briefly:**

a) Your reasons for wanting to become a firefighter


b) Why you consider yourself suitable for this position


**References:**

Please include three references (do not include family or relatives)

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

**Disclaimer and Signature:**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information  
in my application or interview may result in my release.

I hereby consent to the Swan River fire department to conduct verification of any  
information given, as required. If accepted , I will undertake to perform all duties  
to the best of my ability, as may be assigned to me by the Fire Chief, or his delegated  
representative in the Swan River Fire Department

Signature:

Date:

Note: Successful applicants must be willing to undergo a medical examination and will be required to provide a criminal record check, Vulnerable sector check and drivers abstract.  
Details provided upon agreement to interview.

**Office use only**

Date Interviewed:

Date Hired:

Notes: