



# Georgetown Vol. Fire Department

## Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: <sup>M</sup> / <sup>D</sup> / <sup>Y</sup> SIN#: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Drivers Licence#: \_\_\_\_\_ Class of Licence: 1 2 3 4 5 6 7 8 9 A= Air

Position Applying For: Firefighter \_\_\_ First Responder \_\_\_

**Please answer the Following:**

**Yes                  No**

1: Do you live in the Georgetown Area Fire District?                  \_\_\_\_\_

2: Are you in good physical condition?                  \_\_\_\_\_

3: Are you willing to take all necessary training for the position?                  \_\_\_\_\_

4: Do you have any medical conditions (if yes list below)?                  \_\_\_\_\_

5: Is your drivers licence currently valid?                  \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_