



Tisdale Fire Department

Application Form

Applicant Name: _____

Email Address: _____

Civic Address: _____ Mailing Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ - _____ - _____

Age: _____

Is there anything that may limit your ability to perform tasks involved with firefighting? _____

If yes, please explain _____

Briefly explain your reason for joining: _____

It is a requirement to have an active cell phone on a contract not prepaid. Are you able to meet this requirement? _____

Who is your employer? _____

Is your employer willing to allow you to join this department? _____

Is your employer willing to allow you to attend calls during working hours? _____

Will you be willing to carry a pager/cell phone during work hours? _____

Will your employer allow you to carry a pager/cell phone during working hours? _____

Do you have any previous experience with emergency services? _____
