



Lacombe Fire Department
Application for Membership

Personal Information

Name _____ Date of Birth _____
Surname First Name Day/Month/Year

Address _____ Phone _____

Male _____ Female _____ Married _____ Single _____ Other _____ Children _____

Place of Birth _____ Canadian Citizen? Yes No

Languages Spoken _____ Written _____

Social Insurance Number _____ Alberta Health Care Number _____

Physical Disabilities or Allergies _____

Education

Highest Level Attained _____ Location _____

Other Qualifications or Trades _____

Driver's License Number _____ Class _____ Endorsements _____

3 Year Employment History

Name of employer and place of work beginning with the present	Position Held
_____	_____
_____	_____
_____	_____

References

Name	Position	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicants Must Provide

Current Drivers Abstract Yes No

Criminal Records/Vulnerable Person Check Yes No

I hereby agree to accept and abide by the policies, procedures and guidelines governing the operation of the Lacombe Fire Department under the direction of the Lacombe District Chief.

_____	_____
<small>Date</small>	<small>Signature of Applicant</small>
Date of Probation: _____	_____
	<small>Signature of District Chief</small>
Date of Membership _____	_____
	<small>Signature of District Chief</small>