

# Hanna Fire Department

## Member Application Form

Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_, \_\_\_\_, \_\_\_\_ Recommended by (FF): \_\_\_\_\_  
day month year

Home Address: \_\_\_\_\_ Box Number \_\_\_\_\_ Social Ins No. \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_, Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_, Email \_\_\_\_\_

Employer \_\_\_\_\_ Your Occupation \_\_\_\_\_

Business Address: \_\_\_\_\_ Box Number \_\_\_\_\_

Business Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Supervisor Name: \_\_\_\_\_

Previous Fire Department Experience: Y / N  
If YES explain \_\_\_\_\_

Current Alberta Operators License: Y / N	Diseases, Allergies, and Medications
License number: _____	_____
Expires: ____, ____, ____	_____
(day) (month) (year)	_____
Class: _____	_____
Endorsements/Conditions: _____	_____

Do you have any medical condition that would prevent you from being a firefighter? Y/N

Has your drivers license been suspended in the past 5 years? Y / N

Have you been convicted of a criminal act in the past 10 years? Y / N

Will you provide a police records check on request? Y / N

I swear the information provided is true to the best of my knowledge. I understand that any incorrect response will result in immediate dismissal and possible criminal prosecution.

\_\_\_\_\_, 20\_\_\_\_.  
Signature of applicant date

Please return this application with an attached CURRENT DRIVERS ABSTRACT  
Attention Fire Chief to the Hanna Town Office 302 - 2nd Ave West or mail to P.O. Box  
430 Hanna Alberta T0J 1P0 or fax to (403) 854-4579, or email hannfire@telus.net.  
If there are any questions or inquiries the Fire Chief may be reached at (403)854-0088.