



LaHave & District Fire Department
P.O. Box 141
LaHave Nova Scotia
B0R 1C0

APPLICATION FOR MEMBERSHIP

NAME _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE NUMBER: Home _____ Work _____

BIRTH DATE: d _____ m _____ y _____

OCCUPATION _____ EMPLOYER _____

MARITAL STATUS: SINGLE ___ MARRIED

DO YOU HAVE A DRIVER'S LICENSE, YES ___ NO ___ IF YES PLEASE STATE

MASTER NUMBER _____ CLASS _____

GENERAL HEALTH: Do you have any health problems that we should know: e.g. back problems, hearing difficulty, asthma, etc. _____

PREVIOUS FIRE SERVICE EXPERIENCE. (Please list by date and dept.)

I wish to make application to the LaHave Districts Fire Dept., and if accepted, do agree to abide by the bylaws of said Department and the authority of it's officers.

The above information is true and correct to the best of my knowledge.

I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my acceptance is dependent upon the successful completion of a probationary period, as set forth by the LaHave & District Fire Dept.

Signature of applicant _____ Date _____