



# ON-CALL FIREFIGHTER APPLICATION continued

For Emergency Purposes:

**Medical Information:**

Blood Type: \_\_\_\_\_ Blood RH- (P)ositive (N)egative

Allergies or Medical Problem: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/Clinic: \_\_\_\_\_

Other Related skills, trades or hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date that you are available \_\_\_\_\_

Education \_\_\_\_\_

Personal References (3) Not employers or relatives:

Name	Address	Occupation Telephone
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Phone Number of Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Job Title and Nature of Work \_\_\_\_\_

\_\_\_\_\_

I hereby certify that all the above information is correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature