



## EDGERTON EMERGENCY SERVICES DEPARTMENT

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### APPLICATION FOR ENGAGEMENT (PART 2)

All information received will be held in strict confidence in accordance with federal and provincial privacy laws. In order for this application to be considered, all of the following questions must be completed by circling the applicable responses.

Are you able and willing to attend bi-monthly practices? YES NO

Are you able to leave your place of work to respond to emergencies? YES NO

Are you able and willing to take part in formal required training courses? YES NO

Are you willing to undergo an RCMP criminal record check? YES NO

List Three (3) personal references (excluding relatives)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

All information provided in this Application for Engagement is correct and accurate to the best of my knowledge.

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(Signature of Applicant)

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(Date)