APPLICATION FORM

REQUEST TO BE CONSIDERED FOR
EVALUATION TO QUALIFY FOR A POSITION AS
CADET IN THE OPERATIONS OF
FIRE OPS SA

This is not a job application

SURNAME _____

NAMES _____

ID NUMBER _____

CELL NUMBER _____

EMAIL ADDRESS _____

HOME ADDRESS _____ **

_____

_____

Date _____

** It is preferable that candidates should reside in and around Johannesburg as transport logistics need to be favourable for them.

Applicant Signature _____ Date _____

NOTE

Candidates who successfully complete the Assessment will be offered an opportunity to undergo training as Fire Cadet for a period of one year.

MATRIC CERTIFICATE **2**

Attach a copy of your Matric Certificate

CV

Attach a copy of your CV

Important: The CV must be shortened

Limit your CV to two pages - Important

SWIM SKILLS

The candidate declares that he is a skilled swimmer.

The candidate understands that Fire Ops SA does NOT train anyone in gaining basic swimming skills.

MEDICAL FITNESS DECLARATION **3**

NAME _____

ID _____

The candidate understands that the program consists of a full day of physical fitness evaluation. The exercises will be extreme as the aim is to identify candidates who will be liable for firefighter training.

Any the these conditions will ***disqualify*** the applicant at some point or another during selection and/or further training.

Epilepsy
Bone structure conditions
Sight impairment
Hearing impairment
Speech impairment
Colour blindness
Cardio-vascular diseases
Asthma or lung conditions
Traumatic brain injury
Muscular dystrophy
Autism

The candidate declares emphatically that he does not suffer from any of the conditions listed above, nor from any other condition which could possibly hamper the candidate during future firefighter training.

Candidate's Signature _____

Date _____

Witness Name _____

Witness's Signature _____

Date _____