

APPLICATION FOR VOLUNTEER FIREFIGHTER

PERSONAL INFORMATION

| NAME: | TELEPHONE: |
|---|--------------------------------------|
| ADDRESS: | ARE YOU BETWEEN THE AGES OF 18 & 65? |
| ARE YOU ELIGIBLE TO WORK IN CANADA? | |
| DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE? | NO INDICATE CLASS OF LICENCE: |
| DO YOU HAVE PREVIOUS FIRE FIGHTING EXPERIENCE? | L NO |
| IF ACCEPTED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION | TO GET TO OCCURRENCES: |

EDUCATION BACKGROUND

| HIGH SCHOOL (Name and address) | GRADUATED | COURSE OR GRADE: |
|--------------------------------|-----------|------------------|
| | YES NO | |
| COLLEGE (Name and address) | YES NO | COURSE: |
| UNIVERSITY (Name and address) | VES NO | MAJOR: |
| OTHER | | |

EMPLOYMENT HISTORY (LIST PRESENT EMPLOYER FIRST)

| DATE | | NAME AND ADDRESS OF EMPLOYER: | PHONE #: | SUPERVISOR'S NAME AND TITLE: | | | | |
|-------------|--------------------------------------|-------------------------------|----------|------------------------------|--|--|--|--|
| FROM | ТО | | | | | | | |
| | | | | | | | | |
| DESCRIBE IN | DESCRIBE IN DETAIL THE WORK YOU DID: | | | | | | | |
| | | | | | | | | |
| MAY WE CO | NTACT THE EM | 1PLOYER? YES NO | | | | | | |
| | | | 1 | | | | | |
| DATE | | NAME AND ADDRESS OF EMPLOYER: | PHONE #: | SUPERVISOR'S NAME AND TITLE: | | | | |
| FROM | то | | | | | | | |
| | | | | | | | | |
| DESCRIBE IN | DETAIL THE W | /ORK YOU DID: | | | | | | |
| | | | | | | | | |
| MAY WE CO | NTACT THE EN | 1PLOYER? YES NO | | | | | | |
| | | | _ | | | | | |
| DATE | | NAME AND ADDRESS OF EMPLOYER: | PHONE #: | SUPERVISOR'S NAME AND TITLE: | | | | |

| FROM | TO | | | | |
|-------------|--------------|------------|--------|--|--|
| | | | | | |
| DESCRIBE IN | DETAIL THE W | ORK YOU DI | D: | | |
| | | | | | |
| MAY WE COI | NTACT THE EN | 1PLOYER? | YES NO | | |

PERSONAL REFERENCES

GIVE THE NAMES OF AT LEAST 3 PERSONS WHO CAN SUPPLY INFORMATION PERTINENT TO YOUR JOB PERFORMANCE (EXCLUDING FORMER EMPLOYEES OR RELATIVES)

| | NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|---|---------------------|---------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

PLEASE TELL US WHY YOU WISH TO JOIN THE CHAPLEAU FIRE DEPARTMENT AND BECOME A FIREFIGHTER

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT: