



APPLICATION FOR VOLUNTEER FIREFIGHTER

PERSONAL INFORMATION

NAME:	TELEPHONE:
ADDRESS:	ARE YOU BETWEEN THE AGES OF 18 & 65? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INDICATE CLASS OF LICENCE:
DO YOU HAVE PREVIOUS FIRE FIGHTING EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF ACCEPTED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO OCCURRENCES: <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION BACKGROUND

HIGH SCHOOL (Name and address)	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE OR GRADE:
COLLEGE (Name and address)	<input type="checkbox"/> YES <input type="checkbox"/> NO	COURSE:
UNIVERSITY (Name and address)	<input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR:
OTHER		

EMPLOYMENT HISTORY (LIST PRESENT EMPLOYER FIRST)

DATE		NAME AND ADDRESS OF EMPLOYER:	PHONE #:	SUPERVISOR'S NAME AND TITLE:
FROM	TO			

DESCRIBE IN DETAIL THE WORK YOU DID:

MAY WE CONTACT THE EMPLOYER? YES NO

DATE		NAME AND ADDRESS OF EMPLOYER:	PHONE #:	SUPERVISOR'S NAME AND TITLE:
FROM	TO			

DESCRIBE IN DETAIL THE WORK YOU DID:

MAY WE CONTACT THE EMPLOYER? YES NO

DATE		NAME AND ADDRESS OF EMPLOYER:	PHONE #:	SUPERVISOR'S NAME AND TITLE:
FROM	TO			

DESCRIBE IN DETAIL THE WORK YOU DID:

MAY WE CONTACT THE EMPLOYER? YES NO

