



APPLICATION FORM

POINT EDWARD FIRE & RESCUE

Information contained on this form is not intended to be in contravention of the principals or intent underlying the Human Rights Code and will not be used as a basis of discriminatory treatment. _

Last Name	First	Middle
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Address	Apt. #	Street
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Municipality	Province	Postal Code
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Telephone No. (H.)	(W.)	(Ext.)
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Are you between the ages of 18-65: Yes ___ No ___

Are you legally entitled to work in Canada? Yes ___ No ___

Highest Educational Standing -Grade, Degree, Diploma, Certification, etc.:

Do you have a valid Ontario drivers licence? Yes ___ No ___

Please circle the Class: A B C D F G Z

Do you have any experience driving heavy vehicles? Yes ___ No ___

If yes explain: _____

Do you have any other special driving skills? Yes ___ No ___

If yes explain: _____

List previous Fire Fighting experience or Training if any:
(eg. First Aid, CPR, Fire School, Fire Crew, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Present Employer: _____

Years of Service: _____

PLEASE DESCRIBE WHY YOU WOULD LIKE TO BECOME A MEMBER
OF THE POINT EDWARD FIRE & RESCUE DEPARTMENT AS A
VOLUNTEER FIRE FIGHTER OR RECRUIT:

*** NOTE *** IF YOU HAVE A PERSONAL RESUME, PLEASE ATTACH TO APPLICATION FORM.

It is understood and agreed that any misrepresentation made by me in connection with any phase of this program and/or with this application, will be sufficient cause for cancellation of the application and, if I have been employed for so duration from the municipal volunteer fire department, I authorize the municipal personnel department and fire department to make enquiries respecting the foregoing information as may be deemed necessary.

If selected, I shall abide by, and be subjected to the rules and regulations, operational guidelines and the establishing and regulating by-law of the municipal fire department, being the Point Edward Fire & Rescue Department. (copies of all these documents are available through the municipal fire department).

DATE: _____

SIGNATURE OF APPLICANT: _____

Resume attached: Yes ____ No ____