

ROSTHERN VOLUNTEER FIRE DEPARTMENT APPLICATION	Position Applied For: Fire Brigade <input type="checkbox"/> Rescue Squad <input type="checkbox"/> Auxiliary <input type="checkbox"/>
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Surname	First	Middle	Phone
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Address	Street	Town	Province	Postal Code
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Are you legally eligible to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Day Month Year </div>
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*** APPLICANTS YOUNGER THAN 18 YEARS MUST HAVE WRITTEN PERMISSION FROM PARENT OR GUARDIAN ACCOMPANY THEIR APPLICATION.**

<u>EDUCATION RECORD</u>	Highest Grade Completed	Length of Course	Major Subject	Diploma/Degree Awarded
Secondary School				Yes ___ No ___ Title:
Business, Trade or Technical School				Yes ___ No ___ Title:
Community College				Yes ___ No ___ Title:
University				Yes ___ No ___ Title:

Additional Courses, Seminars, Workshops:

Describe any of your work-related skills, experience or training that is related to the position being applied for.

PRESENT EMPLOYMENT:

Present Employer: _____ Bus. phone: _____

ARE YOU BONDABLE? ANSWER ONLY IF JOB-RELATED. Yes ___ No ___	DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No ___ Class _____
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Outside hobbies and interests, service clubs or professional associations. Do not list clubs or organizations of a religious, racial or national character.

REFERENCES:

List two persons to whom we may refer (not relatives or previous employers)

Name	Address	Telephone
Occupation		

Name	Address	Telephone
Occupation		

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

SIGNATURE: _____ DATE: _____

DOCTOR'S CERTIFICATE

The above applicant was examined by me and I find no medical reason why he/she cannot satisfactorily perform all the duties and functions required of a fireman or rescue squad member of the Rosthern Volunteer Fire Department.

True / False

If false, please explain:

Signed: _____ Name of Doctor: _____ Date: _____

I RECOMMEND THE APPLICANT NAMED HEREIN FOR MEMBERSHIP TO THE _____.

(Fire Chief's Signature)

(Date)

DATE APPROVED BY COUNCIL: _____ RES. NO. _____