

## North Algona Wilberforce Fire Department

## Application for Position of Volunteer Firefighter and Non-Suppression Volunteer

| Name:  |   | Phone No.                            |  |  |
|--|---|--------------------------------------|--|--|
|  |   |                                      |  |  |
| Current Address:   |   | How Long There                       |  |  |
|  | _ |                                      |  |  |
| Previous Address:  |   | How Long There                       |  |  |
|  |   |                                      |  |  |
| What position are you applying for? (circle)                               |   | Which location (circle)              |  |  |
| Volunteer Firefighter / Non-Suppression Volunteer                          |   | Golden Lake Station / Rankin Station |  |  |
|  |   |                                      |  |  |
| Current Employer:  |   | How long there                       |  |  |
| Address:   |   | Phone:                               |  |  |
| Your Position/Job Title:   |   |                                      |  |  |
| Job Duties:  |   |                                      |  |  |
| Can you leave work for fire/emergency calls during working hours? Yes / No |   |                                      |  |  |
| May we contact your Employer? Yes / No                                     |   |                                      |  |  |
|  |   |                                      |  |  |
| Previous Employer:   |   | How long there                       |  |  |
| Your Position/Job Title:   |   |                                      |  |  |
| Your Job Duties:   |   |                                      |  |  |
| Reason for Leaving:  |   |                                      |  |  |
| May we Contact this Employer?  |   | Phone:                               |  |  |
|  |   |                                      |  |  |
| Do you have current?  First Aid CPR  |   | Driver's License (Specify Class)     |  |  |
| If no, are you willing to obtain? First Aid CPR                            |   | Driver's License (Specify Class)     |  |  |

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| List any other skills, training, certifications or experience that you have that may relate to this application. |   |                |  |  |
|--|---|----------------|--|--|
|  |   |                |  |  |
|  |   |                |  |  |
|  |   |                |  |  |
| List 3 people that we can contact as personal referen  | nces                                    |                |  |  |
| Name:  | Phone Number:                           | How long known |  |  |
| Name:  | Phone Number:                           | How long known |  |  |
| Name:  | Phone Number:                           | How long known |  |  |
|  | would like to provide. If you need more |                |  |  |
| In case of Emergency please notify:  Name:  Address:   | Relationship:                           |                |  |  |
| Home Phone:  |   |                |  |  |
| If you have attached additional documents to this form check here  |   |                |  |  |
| Signature of Applicant   | Dat                                     | e:             |  |  |

**Return Application to** 

North Algona Wilberforce Township 1091 Shaw Woods Road, RR 1 Eganville, Ontario K0J 1T0

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