

TOWN OF GEORGINA
26557 Civic Centre Road
Keswick, ON L4P 3G1



APPLICATION FOR VOLUNTEER FIRE FIGHTER

IDENTIFICATION

Name: _____
Surname Given Name(s) (*underline name used*)

Home Address: _____
No. Street Apt. City/Town Province Postal Code

Phone: Home: _____ Business: _____

Are you between the ages of 18 and 65? Yes: _____ No: _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted?
Yes: _____ No: _____

GENERAL QUALIFICATIONS

Areas of Interest: Keswick _____ Sutton _____ Pefferlaw _____

Work Address: _____

What type of work do you do in your regular employment? _____

What are your regular work hours? _____

Would you be able to respond to fire emergencies during your regular working hours? _____

Have you any previous fire fighting experience? Please answer where, when and how long? _____

Have you had any training that might be relevant to fire fighting? i.e. First Aid, CPR, Mechanics, Electronics, etc.: _____

APPLICATION FOR TOWN OF GEORGINA VOLUNTEER FIRE FIGHTER 2

Please use the following space to add any comments you wish to make: _____

Why do you want to join the Fire Department? _____

PLEASE READ BEFORE SIGNING

APPLICANT'S AGREEMENT

I certify that all of the above information given by me is accurate and complete and that I have read and understand the information package received. I also understand that if employed, falsified information on this application shall be considered sufficient cause for dismissal.

DATE

SIGNATURE

"Personal information on this form is collected under the legal authority of the Municipal Act, R.S.O. 1980, c.302 as amended, and will be used to determine eligibility for employment. Further information concerning the collection of personal information should be directed to the Human Resources Manager, Town of Georgina, 26557 Civic Centre Road, Keswick, ON L4P 3G1 (905) 476-4301."

NOTE: APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR

**PLEASE DO NOT WRITE BELOW THIS LINE
(To be completed by Chief Fire Official or designee)**

Date of Birth: _____ Proof of Age: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Social Insurance Number: _ _ _ _ _

Driver's Licence Number: _ - _ - _ - - - - - -

Person to be notified in case of emergency:

Name: _____

Address: _____

Phone No.: Day: _____ Evening: _____

Any other pertinent information: _____
