Oliver Paipoonge Fire and Emergency Services Application Form

for the position of Fire Fighter or E.F.R.

Name: _____ _____

[Surname] [Given Name]

Telephone No.: _____ Cell: _____ Work: _____

Fax No. _____ E-mail:_____

Fire Number: _____ Street: _____

Mailing Address: _____

_____

_____Postal Code_____

Date of Birth: Day _____ Month _____ Year _____

Drivers Licence No.: _____ Class: _____ Expiry Date: _____

Social Insurance No.: _____ - _____ - _____ OHIP #: _____

Are you vaccinated against Hepatitis B? (yes/no) _____

Indicate willingness to undergo medical examination: _____

Indicate willingness to undergo criminal records check: _____

Position Applying For: ***Fire Fighter*** _____ ***First Responder (EFR)*** _____

Training/Experience related to Fire Fighting or E.F.R.:_____

_____

_____

_____

Other Education or Training:

_____

_____

_____

Present Occupation: _____

Present Employer: _____

Hours and Times of Work: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ Work:_____

Date: _____ Signature: _____