## THE CORPORATION OF THE TOWN OF SPANISH

## APPLICATION FOR EMPLOYMENT VOLUNTEER FIREFIGHTERS

NAME:			
DATE:			
ΓELEPHONE #:			
PRESENT ADDR	ESS:		
Street No.	P.0. Box		
City	Province	Postal Code	
DRIVER'S LICEN	NSE # AND CLASS:		

## **EDUCATION:**

SCHOOL	COURSE STUDIED	FINAL YEAR COMPLETED	DID YOU GRADUATE?
Secondary		1 2 3 4 5	Yes No
University/College		1 2 3 4 5	Yes No
Other (Specify)		1 2 3 4 5	Yes No

## **EMPLOYMENT HISTORY**

List your previous employment below, beginning with the most recent:

ORGANIZATION	POSITION	DATE EMPLOYED					
Briefly state your experience in emergency situations, if any:							
	, qualifications or experience	s that you possess that					
would be of benefit to the Fire Department?							
References:							
The information stated in the above application is true and complete. I understand that if employed, false statements made on this application shall be considered sufficient cause for legal action.  Signature							