

White River Volunteer Fire Department

P.O. Box 307, White River, Ontario P0M 3G0
Phone: (807) 822-2229 Fax: (807) 822-1524

Position being applied for: _____ Date available to begin: _____

Personal Data:

Name: _____ Telephone Number: _____

Address: _____ Social Insurance Number: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Education: (Degree Obtained) _____

Secondary/College/University: _____

Other Courses/Seminars/Workshops: _____

Work Related Skills: _____

Employment History:

Present Employer: _____

May we contact this company/person: Yes No

Duties: _____

Previous Employer: _____

May we contact this company/person: Yes No

Duties: _____

References:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Activities/Hobbies: _____

Are you willing to do extra volunteer work besides fire fighting (examples: Alarmed for Life, weekend duties, Winnies Hometown Festival etc.)? Yes No

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