

Application Form

Personal information on this form is collected under the authority of the *Freedom of Information Act*, and will be used to determine eligibility for employment as a Volunteer Fire Fighter. Questions about this collection of personal information should be directed to the Fire Chief of Rideau Lakes Fire Department, 1439 County Rd. 8, Delta, ON K0E 1G0. 800-928-2250 Ext. 400.

Name:		
Surname	Given Name	Initial
Address:		# Years
Phone: Home	Work	
Occupation:		
Employment History:	Email:	
Name of present/most recent Employer: _		
Address:		
Duties/ Responsibilities:		
Former Employer:		
Address:		
Duties/ Responsibilities:		
Have you discussed with your employer the Township Fire Department? Yes [] No [If yes, did your employer express any neg]	
Education:		
Secondary School		Diploma:
College/ University		
Courses/ Workshops/ Seminars:		
First Aid Training/ Certificates:		
Please list any relevant training or experie Department, e.g. fire suppression training		
Please list any special skills or abilities the Department.		eel would be beneficial to the

Are you available to re The daytime? Y N The night? Y N The weekend? Y N		ncies during:				
Please provide three character references that we may contact:						
Name:	!	Phone:	Re	lationship:		
Name:	!	Phone:	Re	lationship:		
Name:	!	Phone:	Re	lationship:		
I, authorize the Township of Rideau Lakes to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.						
Potential members will be interviewed by the appropriate Fire District and may be interviewed by the Fire Chief of Rideau Lakes Fire Department.						
Applicants shall be subject to a physical examination by a doctor approved by the municipality at the applicant's expense.						
Applicants shall be required to supply a CPIC check. (Cost, if any, to be reimbursed to the applicant if hired)						
Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.						
Applicant's Name: (print)						
Applicant's Signature:	plicant's Signature: Date:					
Witness Signature:		Date:				
Station Location:	Delta	Portland	Elgin	Westport		

Sarah Hobbs 1-800-928-2250 Ext. 400 fireadmin@rideaulakes.ca

Comments: