



**Township of Central Frontenac
Fire and Emergency Services**

Membership Application Form

Personal information on this form is collected under the authority of the municipal 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 Director of Emergency Services Township of Central Frontenac, P.O. Box 89 Sharbot Lake, Ontario K0H 2B0. 279-2935 Ext. 441

Name: _____
Surname Given Initial

Address: _____

Phone: Home: _____ **Work:** _____

Occupation: _____

Employment history

Name of present/most recent employer _____

Address _____

Duties/ Responsibilities _____

Have you discussed with your employer the fact that you are applying for a position with the Township Fire Department? Yes [] No [] If yes did your employer express any negative reaction: _____

Education

Secondary school _____ **Diploma** _____

Collage/ University _____ **Diploma** _____

Courses/ Workshops/ Seminars _____

First Aid Training/ Certificates _____

Please list any relevant training or experience you possess that you feel would be beneficial to the Department, e.g. fire suppression training, first aid, S.C.B.A. certification, Class "D" license, etc.

Please list any special skills or abilities that you possess which you feel would be beneficial to the Department.

Are you available to respond to emergencies during:
the daytime? Y/ N
the night? Y/ N
the weekend? Y/ N

Please provide three character references that we may contact:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

I _____ authorize the Township of Central Frontenac 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 Director of Fire and Emergency Services. Applicants may be subject to a physical examination by a doctor approved by the municipality. Accepted applicants are subject to a six-month probationary period and are required to successfully complete minimum training requirements before full membership is granted.

Applicants Signature: _____ Date: _____.

DISTRICT

**District # 1
Arden
Station**

**District # 2
Mountain Grove
Station**

**District # 3
Sharbot Lake
Station**

**District # 4
Parham
Station**

Comments: