



FIREFIGHTER APPLICATION



In making application for a position with the Howick Township Fire Department, you are indicating a willingness to accept responsibility and obligation to protect the lives and property of residents within the jurisdiction of the Howick Township Fire Department, and are making a commitment to attend departmental training, meetings and functions, and obey the rules and regulations of the Department.

PERSONAL INFORMATION

Name of Applicant: _____

Address: _____
Number/Street or Road)Name RR#

Town Province Postal Code

Contact Information: Home # _____ Cell # _____

Email Address: _____

EMPLOYMENT INFORMATION

Current Employer Name: _____

Address: _____

Phone #: _____ Fax # _____

Current Position: _____

EDUCATION INFORMATION

Level Achieved: _____ School Attended: _____

FIREFIGHTER TRAINING INFORMATION

CERTIFICATIONS: Standard First Aid Y / N CPR Y / N LICENSE CLASS: _____

Firefighter Training Courses: _____

Additional Training Courses: _____

Previous Firefighting Experience (Department Name/Dates) _____

Truck Driving Experience (Department Name/Dates) _____

REFERENCES

(Please list three persons who may be contacted for reference.)

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

Reason(s) for becoming a firefighter: _____

Successful applicants will be required to pass a Doctor's Physical examination and submit a Driver's Abstract.

SIGNATURE OF APPLICANT: _____ **DATE:** _____