



APPLICATION STONEWALL-ROCKWOOD FIRE DEPARTMENT

(PLEASE PRINT CLEARLY – PLEASE ATTACH RESUME)

Date _____

PERSONAL

Name _____ Telephone No. _____
last first middle

Present Address _____
No. Street City Prov. Postal Code

Do you work Full-Time _____ Part-Time _____ Specify days and hours of work: _____

If your application is considered favourable, on what date will you be available for work? _____

RECORD OF EDUCATION (please complete and provide further detail on resume)

Grade, Degree, Diploma, Certificate, etc.	Year Completed	Name of School & Program	School Address

List below, beginning with your most recent, present and past employment (please complete and provide further detail on resume)

Name and Address of Company & Type of Business	From		To		Describe in detail the work you did	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			

PERSONAL REFERENCES (Applicants are asked not to list relatives or members of the clergy)

Name and Occupation	Address	Phone Number

Have you ever been bonded? If yes, on what jobs? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Fire Dept.?

List organizations you now or have belonged to

List Hobbies

List courses, classes or special training completed (if not listed on resume)

List valid classes of drivers license

Have you had a complete physical in the last 12 months?_____

May we contact the employers on Page 1?_____If not, indicate by No. which one(s) you do not wish us to contact

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for legal action.

signature of applicant

WARNING - The questions in this box are not a part of the Application for Employment. These questions are to be asked only if the applicant is hired.

Date of birth_____ Social Insurance No._____
Month Day Year

Do you have any physical or mental condition which may limit your ability to perform certain kinds of works?_____

If yes, describe such defect(s)_____

Person to be notified in case of accident or emergency

Name

Telephone Number

Address