



BONFIELD TOWNSHIP VOLUNTEER FIRE DEPARTMENT
107 RAILWAY STREET, BONFIELD ON P0H 1E0

FIREFIGHTERS APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY IN INK

FAMILY NAME		GIVEN NAME			INITIAL	MR. MRS. MS.
DATE OF BIRTH	D/J	M/M	Y/A	HEIGHT	EYE COLOR	HAIR COLOR
				WEIGHT		
HOME TELEPHONE #		BUSINESS TELEPHONE #			CLASS:	"Z" YES / NO
					DRIVING EXPERIENCE:	YEARS
STREET #	STREET NAME			TOWN	POSTAL CODE	

EDUCATION:

EDUCATION LEVEL	NAME AND LOCATION	LEVEL COMPLETED
SECONDARY:		9/10/11/12/13
POST SECONDARY:		
SPECIAL TRAINING:		
FIRST AID/ CPR (CARDIOPULMONARY RESUSCITATION)		
OTHER COURSES:		
PREVIOUS FIRE FIGHTING EXPERIENCE:		

OCCUPATIONAL HISTORY:

EMPLOYER	DATE STARTED	DATE FINISHED

I CERTIFY THAT ALL INFORMATION IS ACCURATE AND COMPLETE

APPLICANT'S SIGNATURE

DATE

(OVER)



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TO BE COMPLETED WHEN APPLICATION IS ACCEPTED BY COUNCIL

MEDICAL REPORT

AFTER EXAMINATION OF _____, I CERTIFY THAT
HE/SHE IS MEDICALLY FIT TO PERFORM ALL DUTIES OF A FIREFIGHTER.

DOCTOR'S SIGNATURE

DOCTOR'S STAMP

DATE OF EXAMINATION

**THIS FORM MUST BE COMPLETED AND RETURNED
TO THE BONFIELD TOWNSHIP FIRE CHIEF**

FIRE CHIEF'S COMMENTS:

FIRE CHIEF'S SIGNATURE:

DATE:

HEAD OF COUNCIL SIGNATURE: _____ DATE: _____

CORPORATION SEAL