Clearview Fire Department Tel: (705) 428-6230 Fax: (705) 428-6144

selection.

Application for Membership CLEARVIEW TOWNSHIP PAID-ON-CALL FIRE DEPARTMENT



APPLICANT INFORMATION	
Date Submitted:	
Applicant Name:	
Surname	First Middle
Address:	
Phone: (C) (H)	(W)
Email:	
LICENSE INFORMATION	
A. Do you have a valid driver's license? Yes	No 🗌
Class #: License #:	Air:
Restrictions: (if any)	Expiry:
JOB INFORMATION	
B. Do you have an Ontario Secondary School Diploma	(or equivalent)? Yes No
C. Do you have any previous firefighting experience? Yes \(\subseteq \) No \(\subseteq \)	
(If yes, describe and attach additional information if needed)	
D. Are you related to any employees or volunteers of the Township of Clearview? Yes \square No \square	
If yes, please list:	
E. Do you have your employer's consent to attend fires during working hours? Yes \Box No \Box	
Present Employer: Phone #:	
	Position:
Do you work shift? How long have you been employed at above?	
F. Do you have a valid First Aid Certificate? Yes No	
G. Do you have any disabilities or medical restrictions which may affect your ability to perform the duties of a volunteer firefighter? Yes No If yes, please specify:	
H. Are you afraid of heights? Yes No	I. Are you claustrophobic? Yes No
GENERAL INFORMATION	
J. Have you ever been convicted of a criminal offence? Yes No If yes, briefly state particulars:	
K. State briefly the reasons for wanting to become a Volunteer Fire Fighter, and how you think you would be an asset to the Fire Department:	
I certify that the statements made by me in this application are true and complete to the best of my knowledge.	
Applicant's Signature	
We thank all applicants for their interest; however, only those applicants selected for an interview will be contacted. Please, no phone calls. Information gathered relative to this position is done in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will only be used for candidate	