

**MADOC TOWNSHIP FIRE DEPARTMENT**  
**15651 HIGHWAY 62, PO BOX 503, MADOC, ON K0K 2K0**  
**APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM/DD/YY

DISTANCE FROM HOME TO FIREHALL (KM): \_\_\_\_\_

DRIVERS LICENCE (CLASS): \_\_\_\_\_

EDUCATION (Last year completed): \_\_\_\_\_

Secondary \_\_\_\_\_

Post-Secondary \_\_\_\_\_

Special courses or qualifications \_\_\_\_\_

(Please provide details) \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

Current Employer \_\_\_\_\_

Hours of Work \_\_\_\_\_

Previous Employment \_\_\_\_\_

OTHER RELEVANT INFORMATION: \_\_\_\_\_

(ATTACH DETAILS INCLUDING RECENT RESUME)

**PLEASE NOTE:**

Successful Applicants Will:

- 1) Join the Department initially for a 12 month probationary period.
- 2) Carry a Pager 24 Hours per day and respond to all calls except where prevented by Employment and or Family Business
- 3) Attend training sessions twice per month.
- 4) Attend extra weekend/evening training sessions as requested.
- 5) Provide a Medical Certificate if requested
- 6) Abide by all Departmental Policies.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE