

Pickle Lake Fire Department

P.O. Box 58
Pickle Lake, ON
POV 3A0
Phone: (807) 928-2316
Fax: (807) 928-2708
Email: firedept@picklelake.org
Email: chief@picklelake.org



APPLICATION FOR EMPLOYMENT

Name: _____

Present Address:

Phone Number: _____

Email: _____

Do you have employer's consent to leave work to respond to an emergency?

YES NO UNSURE

Driver's License Province and Class:

Standard First Aid: YES NO Expiry Date _____

C.P.R.: YES NO Expiry Date _____

Firefighting History			
List any firefighting experience, starting with the most recent.			
FROM: Month Year	TO: Month Year	FROM: Month Year	TO: Month Year

PICKLE LAKE FIRE DEPARTMENT – APPLICATION FORM PAGE 2

References

Name	Address & Phone Number	Occupation

Highest level of education obtained:

High School College University Other: _____

Please list any College or University courses, acquired skills, other courses and/or other information which may be useful as a firefighter:

Upon acceptance of the applicant, the applicant will require an M.O.T. medical from the clinic.

Interview notes:

Signature

Date