

# 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](mailto:firedept@picklelake.org)  
Email: [chief@picklelake.org](mailto: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

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## 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:

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

Interview notes:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date