

Service d'incendie *St Charles* Fire Department



P.O. Box 70, 2 King Street, St Charles, Ontario P0M 2W0

TEL: (705) 867-2032 (Office) Fax: (705) 867-5789

TEL: (705) 867-0949 (Fire Hall)
Fire Chief Email: fd@stcharleson.ca
www.stcharlesontario.ca



Appendix "K"

ST.-CHARLES FIRE DEPARTMENT

APPLICATION FORM

Date: _____

Given name: _____

Surname: _____

Address

Street: _____

Town: _____

Province & Postal Code: _____

Birth date: _____

Phone no: _____

Emergency contact name and phone number:

Driver's License

number: _____ Class: _____ S.I.N.: _____

Experience in Fire Department (if any)

Courses taken:

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Present employer: _____ Phone no. _____

Address: _____

Previous employer:

1) _____ Phone no. _____

2) _____ Phone no. _____

Character references:

1) _____ Phone no. _____

2) _____ Phone no. _____

Present clubs or organizations involvement:

YOUR APPLICATION WILL REMAIN ON FILE FOR A PERIOD OF ONE YEAR. IF SUCCESSFUL YOU WILL BE CONTACTED AND ASKED TO TAKE CERTAIN TESTS WHERE YOU WILL THEN SERVE A PROBATIONARY PERIOD OF 1 YEAR.

I HEREBY DECLARE THAT I UNDERSTAND THE CONDITONS AND REQUIREMENTS AND HEREBY WAIVE THE CORPORATION OF THE MUNICIPALITY OF ST.-CHARLES AND THE ST.-CHALES FIRE DEPARTMENT FROM ANY CLAIMS DUE TO INJURIES THAT MAY OCCUR DURING THE PRACTICAL TESTING.

SIGNATURE: _____ DATE: _____