Town of Petawawa Fire Department HEADQUARTERS

1111 Victoria Street Petawawa, Ontario K8H 2E6

Phone (613) 687-5536

Fax (613) 687-7225



Application for Employment

| Name: | Date:// |
|---|-------------------------------------|
| Address: | |
| Postal Code: | Phone: |
| Occupation: | Employer: |
| Driver's License Number: | |
| Class: Endorsen | |
| Related Experience: (Attach Certificates and / or Resume) | |
| | |
| | |
| CURRENT FIRST AID CERTIFICATE - YES / NO CURRENT CPR CERTIFICATE - YES / NO | |
| For Office Use Only | |
| Oral Interview: / / | Physical Test:/// |
| Job Description Provided:/_ | <i>D M</i> Y / |
| Medical Test://///// | M Y Acknowledged: YES / NO//_ D M Y |