MANITOUWADGE FIRE DEPARTMENT
1 Mississauga Road
Manitouwadge, ON P0T 2C0
(807) 826-3227 Ex 245

APPLICATION FOR MEMBERSHIP

The information collected in this application of membership is done under the authority of Section29(2) of the Municipal Freedom of Information and Protection of Privacy Act, for the purpose of assessing eligibility for membership. Any inquiries concerning the collection and use of this information should be referred to the Municipal Clerk, 1 Mississauga Drive, Manitouwadge, ON, P0T 2C0, (807)826-3227 ex 245

FULL NAME: DATE OF BIRTH:	
ADDRESS:	
P.O.BOX:	POSTAL CODE:
HOME PHONE:	WORK PHONE:
EMAIL:	
EMPLOYER:	
SUPERVISOR:	
CAN YOU BE CALLED AWAY FROM WORK FOR EMERGENCY DUTIES? ☐ NO ☐ YES	
ARE YOUR REQUIRED TO WORK SHIFTS? ☐ NO ☐ YES	
DRIVERS LICENCE NUMBER: CLASS:	
EDUCATION:	

List previous experiences in firefighting, first aid, or any special training you have received:

Please attach any extra sheets.

LIST TWO PERSONAL REFERENCES:

FULL NAME:
PHONE NUMBER:
COMPANY:

FULL NAME:
PHONE NUMBER:
COMPANY:

Please indicate your reasons for applying to join this department:

If accepted, you will be placed on probation, during this period you will be expected to attend training and do home study on firefighting subjects. You will be tested from time to time and if your test indicates that you are unable to, or unwilling to perform as required by department policy, you will be dismissed.

I have read and understand the requirements for membership in the Manitouwadge Fire Department.
I certify the statements made are accurate to the best of my knowledge

Application Signature	Date

I _____, authorize the Township of Manitouwadge to contact the person or organization listed above for purpose of obtaining reference information, including information contained un my personal file and such person or organization is authorized to disclose such information. This authorization is in compliance with Subsection 32(b) of the Municipal Freedom of Information and Protection of Privacy Act.

CERTIFICATE OF HEALTH

I have examined _____ today.
(NAME OF APPLICANT)

I find this person is to be in poor / satisfactory / good / very good general health.
(circle appropriate item)

In my opinion, this person is fit / unfit to perform the duties of a firefighter.
(Circle appropriate item)

Physician Signature	Date

NOTE: CORPORATION OF THE TOWNSHIP OF MANITOUWADGE, 1 MISSISSAUGA DRIVE, MANITOUWADGE, ON P0T 2C0