

Qualifications	Yes	No
Do you volunteer within the community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have 20/30 corrected vision with colour and peripheral vision acceptable for the occupation of firefighter?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have normal unaided hearing – hearing thresholds no greater than 30 decibels in each ear at 500Hz, 1000Hz and 2000Hz and no significant loss in higher frequencies?	<input type="checkbox"/>	<input type="checkbox"/>
Special Abilities:		

Employment History:		
Please list your work experience beginning with your most recent job held:		
<u>Name of Current Employer</u> _____	Name Supervisor: _____	Employment Dates: From: _____ To: _____
Address _____	Your Job Title: _____	
City/Province _____		
Phone No. _____		
Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this organization. _____ _____		

<u>Name of Employer</u> _____	Name of last Supervisor: _____	Employment Dates: From: _____ To: _____
Address _____	Your Job Title: _____	
City/Province _____		
Phone No. _____		
Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this organization. _____ _____		