



Township of McMurrich/Monteith Fire Department
31 William Street; Sprucedale, Ont. P0A 1Y0
Phone: 705-685-7883 fax: 705-685-7393

Application for Employment

Name: _____ Address: _____

Telephone: _____ Cell Phone #: _____

Date of Birth: _____ Email Address: _____

Driver's License & Class: _____ Years Driving: _____

C.P.R./First Aid? Yes ___ No ___ Date Last Certified: _____

Position being Applied for: Firefighter ____, Tiered Response ____, or Both ____

Please list below any known illnesses or physical limitations:

Please list below any previous experience or training:

Are you attaching any other documents to this application Yes ___ No ___

By signing below, I hereby agree to follow the regulations and bylaws of the Township of McMurrich/Monteith Fire Department and further agree to maintain confidentiality as outlined in the "Pledge of Confidentiality" form. Failure to adhere to the regulations and Bylaws could result in termination of position. I also understand that I will be required to complete a **six (6) month probationary period** after which there will be a further evaluation.

Signature of Applicant: _____

Signature of Chief: _____

Date of Application: _____

Status of Application: _____

Date of Acceptance or rejection: _____

Township of McMurrich/Monteith Fire Department

Pledge of Confidentiality Form

I, the undersigned, understand that as a Member of the Township of McMurrich/Monteith Fire Department, I have both a legal and ethical duty to maintain the confidentiality of healthcare information in respect of patients/clients who receive medical care.

Furthermore, I agree not to divulge ANY information relating to Fire or Medical calls for service to the Press, Media, or Public. All information requests shall be directed to the Chief, Deputy Chief or their designate.

I also agree to be responsible to instruct family members to maintain confidentiality of information that they may be privy to.

I further understand that any violations of the above may result in disciplinary action including termination of position.

Printed Name: _____

Signature: _____

Date: _____

Signature of Chief: _____