



**MUNICIPALITY OF GREENSTONE  
FIRE AND EMERGENCY SERVICES**

Beardmore, Geraldton, Nakina, Longlac

**APPLICATION FOR THE POSITION OF STUDENT CADET**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's Licence Class: \_\_\_\_\_ (If applicable)

**Education:**

High School / Alternative Learning Program / Vocational School / College / University

Name of Institution	Grade Completed or Current Grade	Currently Attending?	
		Yes	No
		Yes	No

**Courses / Certificates / Specialized Skills / Trades**

Description	Date

**Employment Experience:****Present Employer (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Outline your duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_May we contact the supervisor indicated above: Yes  No **Previous Employer (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Outline your duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_May we contact the supervisor indicated above: Yes  No **Other Related Experience:**

Do you have previous experience that would help you in this role?

No  Yes  Position: \_\_\_\_\_If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have previous volunteer experience?

No  Yes  Position: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide at least two references (other than immediate relatives), their relationship to you, and their phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information or skills you feel may be pertinent to this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application; and if I have been accepted as a member, for termination from the Municipality. I authorize the Fire Chief to make such inquiries respecting the provided information as may be deemed necessary.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_