



APPLICATION FOR THE POSITION OF VOLUNTEER FIREFIGHTER

Name: (Last) _____ (First) _____ (Initials) _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Telephone # _____ Business Telephone # _____

Cell Phone # _____

How long have you lived at your current residence? _____

If less than 2 years where did you reside previously? _____

- Are you legally eligible to work in Canada? Yes No
- Are you at least 18 years of age? Yes No
- Do you have a valid driver's license? Yes No Type: _____
- Do you own a motor vehicle that is available to you at all times? Yes No

Employment Requirements

Social Insurance Number _____

Driver's Licence Number _____

Updated: Wait times for a criminal background checks have been extended beyond the application deadline. You are NOT required to have a completed background check to apply.

Education Attach additional pages of Education & Training as needed

High School / Vocational School / College / University

Name of Institution	Year Completed	Level Completed	Major/Specialization



Courses / Certificates / Specialized Skills / Trades

Description	Date

Employment Experience

Present Employer: Name: _____
 Address: _____
 Date Employed: From: _____ To: _____
 Position Held: _____
 Supervisor's Name: _____ Phone: _____

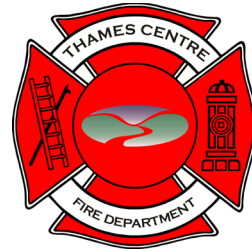
Outline your duties/responsibilities: _____

May we contact the supervisor indicated above: Yes No

Previous Employer: 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 firefighting experience?

Yes # of Yrs. _____ Position _____ No

If yes, explain _____

- Do you have military or police service?

Yes # of Yrs. _____ Position _____ No

If yes, explain _____

- Do you have previous volunteer experience?

Yes # of Yrs. _____ Position _____ No

If yes, explain _____



Related Skills

Please complete this section even if a resume is attached. Please check the level of skill appropriate.

1. Some familiarity and competence.
2. Advanced amateur or post-secondary courses.
3. Certificates or professional experience.

	<u>Skills</u>	<u>Level</u>		
		1.	2.	3.
<input type="checkbox"/>	Automotive Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lineman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Electronic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Radio Communications Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rescue Procedures – Canadian Red Cross OR St. John’s Ambulance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Firefighting Practices and Terminology – Ontario Fire College OR – Community College, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pumps, Valves, Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Building Trades or Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Read Blueprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Athletic or Sports Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ice Water/Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Confined Space Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	High Angle Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Urban Search and Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Hazardous Materials Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Occupational Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Coaching/Teaching/Facilitation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	First Aid Course <input type="checkbox"/> Hold current certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/>	Driver’s Licence <input type="checkbox"/> Identify Class: _____			
<input type="checkbox"/>	Have you had any experience or training in driving heavy vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/>	Have you any other special driving skills or training (e.g. accident avoidance, skid control, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Explain:



Do you have permission from your employer to leave your place of work immediately when the fire alarm sounds? Yes No

If no, explain:

When not at work are you around Town and will you be available to attend emergencies?
Always (90%) Usually (75%) Sometimes (50%) Seldom (25%)

Explain:

Does your family support you becoming a volunteer firefighter? Yes No

If no, explain:

Will you be able to participate in scheduled weekly training sessions? Yes No

If no, explain:

Will you be able to attend the occasional training or educational opportunity that may take you away from home for up to a week at a time? Yes No

If no, explain:

Are you comfortable with the sight of blood and injured persons? Yes No

If no, explain:



Provide the name, address and telephone number of at least two (2) persons who we may refer to. These persons **cannot** be relatives or employers

1) _____

Years known nature of relationship: _____

2) _____

Years known nature of relationship: _____

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 employed, for termination from the Corporation. I authorize the Fire Chief to make such enquiries respecting the foregoing information as may be deemed necessary.

Signature of Applicant: _____ Date: _____