

APPLICATION FOR THE POSITION OF VOLUNTEER FIREFIGHTER

| Name (Last) | | _ (First) | (Initials) | | | | |
|--|------------------------------|--------------------|------------------------------|--|--|--|--|
| Address: | | City: | | | | | |
| Mailing address: (if different from above): | | | | | | | |
| Province: | nce: Postal code: Contact no | | | | | | |
| Email Address | | | | | | | |
| Employment Requirements | | | | | | | |
| Criminal Record Check (vulnerable sector): Attached \square Received \square | | | | | | | |
| MTO Drivers abstract: | | Received | \square Received \square | | | | |
| Education Attach additional pages of Education and Training as needed | | | | | | | |
| High School / Vocational School / College / University | | | | | | | |
| Name of Institution | Year Completed | Level Completed | Major/Specialization | | | | |
| | | | | | | | |

Courses / Certificates / Specialized Skills / Trades (additional pages may be attached)

Employment Experience

| <u>Present Employer:</u> | Name: | | | |
|-----------------------------------|---|------|--|--|
| | Address | | | |
| | Date employed: From: | | | |
| | Position held: | | | |
| | Supervisor's name: | | | |
| Outline your duties | s/responsibilities: | | | |
| May we contact the | supervisor indicated above: Vos. \Box No. \Box | | | |
| way we contact the | e supervisor indicated above: Yes 🗆 No 🗆 | | | |
| Previous Employer | ː Name | | | |
| | Address: | | | |
| | Date employed: from: | | | |
| | Position held: | | | |
| | Supervisor's name: | | | |
| Outline your duties | s/responsibilities: | | | |
| | | | | |
| May we contact the | e supervisor indicated above: Yes $oxtimes$ No $oxtimes$ | | | |
| Other Related Expe | erience: | | | |
| • Do you ha [,] Yes □ | ve previous firefighting experience? No. of Yrs Position | No 🗆 | | |
| If yes, explain | | | | |
| | | | | |
| | | | | |
| • Do you ha¹ Yes □ | ve any previous volunteer experience? No. of Yrs Position | No 🗆 | | |
| If yes, explain | | | | |
| , i | | | | |

Related Skills:

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

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

| | <u>Skill</u> | | Leve | <u>el</u> | |
|---------------|--|--------|-------|-------------|----------------|
| | | 1. | 2 | 2. | 3. |
| | Automotive Mechanic | | | | |
| | Lineman | | | | |
| | Electrical Systems | | | | |
| | Electronic Systems | | | | |
| | Radio Communications Systems | | | | |
| | Rescue Procedures – Canadian Red Cross, | | | | |
| | St. John Ambulance, etc. | | | | |
| | Firefighting Practices and Terminology | | | | |
| | - Ontario Fire College OR | | | | |
| | - Community College, etc. Pumps, Valves, Sprinkler Systems | | | | |
| | Building Trades or Inspection | | | | |
| | Read Blueprints | | | | |
| | Athletic or Sports Skills | | | | |
| | ' | | | | |
| | Scuba Diving Ice Water/Rescue | | | | |
| | | | | | |
| | Confined Space Rescue | | | | |
| | High Angle Rescue | | | | |
| | Urban Search and Rescue | | | | |
| | Hazardous Materials Response | | | | |
| | WHMIS | | | | |
| | Occupational Health and Safety | | | | |
| | Coaching/Teaching/Facilitation Skills | | | | |
| | Driver's Licence \square Identify Class: | | | | |
| | Have you had any experience or training in | drivir | ng he | avy vehic | cles? |
| | Yes □ No □ | | | | |
| | Have you any other special driving skills or t skid control, etc.)? Yes \square No \square | rainii | ng (e | .g., accide | ent avoidance, |
| <u>Explai</u> | in: | | | | |
| <u></u> | | | | | |

| Do you have permission from your employer to leave your place of work immediately when your pager sounds? Yes □ No □ |
|---|
| Where is your current employer located? |
| Do you have a personal and reliable means of transportation to respond to fire alarms? Yes \square No \square List three references (other than relatives) 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 employed, for termination from the Corporation. I authorize the Fire Chief and/or Human Resources to make such inquiries respecting the foregoing information as may be deemed necessary. |
| Date: |
| Signature of Applicant: |

We thank all applicants who apply, but only those candidates selected for an interview will be contacted. Personal information is collected under the authority of the Municipal Act, R.S.O. 1990, c. M45, and, in accordance with the Municipal Freedom of Information and Protection of Privacy Act, will only be used for candidate selection. Townships of Severn is committed to an inclusive, barrier-free environment. Accommodation will be provided in all steps of the hiring process. Please advise the Township if you require any accommodations to ensure you can participate fully and equally during the recruitment.