

Fire Department Application Municipality of Temagami

<input type="checkbox"/> Marten River	Fire / Rescue Division	<input type="checkbox"/>
<input type="checkbox"/> Temagami	Prevention / Public Education	<input type="checkbox"/>

Personal Information:

Please Print

Last Name: _____ Given Name _____ Initial: _____

Address: _____

Contact information (contact information will be used for scheduling an interview)

e-mail: _____

Home phone # _____ Cell# _____

Do you have a valid driver's license Yes No Class: _____ **Z** endorsement? Yes No

Do you have 24-hour transportation? Yes No

Volunteer Eligibility Requirements

Grade 12 Education or Equivalent;

A valid driver's license (class G2 with minimum 1 year experience), &

Physically able to perform the essential duties of a member of the Volunteer Fire Department

Note:

Driver's Licence Abstract will be required prior to being offered a position on the Fire Department

All applicants must present a clean Police Record Check's prior to being offered a position on the Fire Department.

Legally eligible to work in Canada? Yes No Do you meet Eligibility Requirements? Yes No

Are you able to understand oral and written English? Yes No

Other Languages? (*describe*) _____

Employment History:

Present Employer: _____ Job title: _____

Address _____

Duties: _____

Period of employment: _____ May we contact your employer Yes No Ph. _____

shift work? Yes No Describe: _____

Will your employer allow you to leave work to respond to an emergency? Yes No

Past Employer: _____ Job title: _____

Address: _____

Duties: _____

Period of employment: _____ May we contact this employer Yes No Ph. _____

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)

Description	Date

Previous firefighting or emergency responder experience? Yes No Years Service: _____

Department: _____ Service date _____ to _____

Address: _____ Prov. _____ Postal Code _____

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 or post-secondary courses.
3. Certificates or professional experience.

<u>Skill</u>	<u>Level</u>		
	1.	2.	3.
<input type="checkbox"/> Automotive Repairs	<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"/> Radio Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> First Aid – Canadian Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mechanical Systems (Pumps, Valves, Pipes)	<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"/> 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"/> Occupational Health and Safety	<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"/> Coaching/Teaching/Facilitation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Media training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Experience:

Vol. Organization: _____ address: _____

Duties: _____

How long did you volunteer there: _____ May we contact them? Yes No Ph. #: _____

Vol. Organization: _____ address: _____

Duties: _____

How long did you volunteer there: _____ May we contact them? Yes No Ph. #: _____

List two references (other than relatives) and their phone numbers:

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

Additional Sheets /information attached: YES NO

I certify that the answers to the questions on this application are true to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal. I also agree to provide information on request including personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act.

Applicant's signature

Date

Collected in accordance with the Municipal Freedom of Information & Privacy Act 1989, s.28(2). If you have any questions about this form please contact the Chief Administrative Officer, Municipal Office, 7 Lakeshore Drive, P.O. Box 220, Temagami ON P0H 2H0 Tel: (705) 569-3421

FOR OFFICE USE	
Date Received by Fire Department: ____ / ____ / ____	SC application review _____ SC Reference Check _____
Applicant contacted: _____ / ____ / ____	SC final recommendation _____