



The Town of
Niagara-On-The-Lake
Fire & Emergency Services

VOLUNTEER FIRE FIGHTER APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

- Be sure to read this application carefully before completing it.
- Print clearly in black ink.
- Incomplete or unsigned applications will be rejected.
- If you desire, you may attach a copy of your resume.

LAST NAME		GIVEN NAMES	
MAILING ADDRESS		HOME PHONE	CELL PHONE
TOWN/CITY		PROVINCE	POSTAL CODE
E-MAIL ADDRESS			
ARE YOU 18 – 65 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU LEGALLY WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CRIMINAL RECORD

Have you ever been convicted of a crime for which you have not been pardoned? <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If a conditional offer of employment is made, we will require a current police check.</i>

EDUCATION

	GRADE/YEARS COMPLETED	PROGRAM	TYPE OF DEGREE/DIPLOMA
HIGH SCHOOL			
TRADE SCHOOL			
COLLEGE			
UNIVERSITY			

Are there any specialty courses that you have completed (*either through work or on your own*)? Please list (*provide certificates if available*):

Do you have a working knowledge of any of the following?

VEHICLE MECHANICS <input type="checkbox"/>	ELECTRICAL SYSTEMS <input type="checkbox"/>	PLUMBING SYSTEMS <input type="checkbox"/>	RADIO/TELEPHONE COMMUNICATIONS <input type="checkbox"/>
BUILDING CONSTRUCTION <input type="checkbox"/>	ELECTRONIC SYSTEMS <input type="checkbox"/>	HEAVY EQUIPMENT OPERATION <input type="checkbox"/>	COACHING OR TEACHING <input type="checkbox"/>
WORKPLACE SAFETY TRAINING <input type="checkbox"/>	OTHER <input type="checkbox"/>		

DRIVER'S LICENCE

Do you have a valid Ontario Drivers Licence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Class
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OTHER LICENCES AND CERTIFICATES

	CHECK HERE	EXPIRY DATE	
CPR		EXPIRY DATE	
FIRST AID		EXPIRY DATE	
DEFIBRILLATION		EXPIRY DATE	
OTHER		EXPIRY DATE	
OTHER		EXPIRY DATE	
OTHER		EXPIRY DATE	

RELATED SKILLS OR TRAINING

Do you have previous firefighting experience? YES NO

Number of years? Position _____

If yes, please explain.

Do you have military or police service experience? YES NO

Number of years? Position _____

If yes, please explain

Do you have previous volunteer experience? YES NO

Number of years? Position _____

If yes, please explain.

Other experience? YES NO

Number of years? Position _____

If yes, please explain.

EMPLOYMENT HISTORY

NAME/ADDRESS OF CURRENT EMPLOYER ((IF UNEMPLOYED LEAVE BLANK)	JOB TITLE
	PERIOD OF EMPLOYEMENT
TYPE OF BUSINESS	
DUTIES/RESPONSIBILITIES	

NAME/ADDRESS OF PREVIOUS EMPLOYER	JOB TITLE
	PERIOD OF EMPLOYEMENT
TYPE OF BUSINESS	
REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES	

NAME/ADDRESS OF PREVIOUS EMPLOYER	JOB TITLE
	PERIOD OF EMPLOYEMENT
TYPE OF BUSINESS	
REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES	

NAME/ADDRESS OF PREVIOUS EMPLOYER	JOB TITLE
	PERIOD OF EMPLOYEMENT
TYPE OF BUSINESS	
REASON FOR LEAVING	
DUTIES/RESPONSIBILITIES	

Please provide the names of three (3) people who can tell us more about your work history, job performance, attendance, quality of your work and dependability.	
NAME	PHONE
NAME	PHONE
NAME	PHONE

Have you ever been employed by the Town of Niagara-on-the-Lake?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, date last employed.		

EMERGENCY CALLS

Is your current employer aware of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can we contact your current employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will your current employer allow you to attend emergency calls during working hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONDITIONS OF ACCEPTANCE

I affirm and certify that the information given on, or attached to, this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.

I authorize the Town of Niagara-on-the-Lake to contact my references or previous employers as indicated.

I understand that, as a condition of employment, I am expected to successfully complete a Physical Demands Test as required by the Niagara-on-the-Lake Fire & Emergency Services. Any offer of employment will be contingent on meeting the physical requirements of the position.

Signature of Applicant

Date

Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used for candidate selection purposes only. This application form complies with the Ontario Human Rights Code.

Please mail, fax or drop off in person to:

MAIL

Town of Niagara-on-the-Lake
Fire & Emergency Services
P.O. Box 100,
Virgil, ON
L0S 1T0

FAX

(905) 468-0301

IN PERSON

Town Municipal Offices
1593 Four Mile Creek Road,
Virgil
Monday – Friday
8:30 a.m. – 4:30 p.m.