CITY OF THOROLD
FIRE & EMERGENCY SERVICES

VOLUNTEER FIRE FIGHTER APPLICATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

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

Last Name	First Name
Residential Address	Province/Postal Code
Town/City	Home Phone/Cell Phone
Mailing Address (If different from above)	Email Address
Are you between the age of 18 and 65 at the time of application? ☐ Yes ☐ No	Can you legally work in Canada? ☐ Yes ☐ No
Do you currently reside in the City of Thorold?	☐ Yes ☐ No

*****Please note that your valid Ontario driver's license with your current correct address must be presented throughout the hiring process. Other identification or proof of residence will not be accepted. ******

CRIMINAL RECORD

Have you ever been convicted of a crime for which you have not been pardoned? ☐ Yes ☐ No
Upon request, you will be required to provide a current police check obtained at the applicants expense.

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):

_____
_____
_____

Rate your working knowledge of any of the following?

	NOVICE	INTERMEDIATE	EXPERT
Building Construction	○	○	○
Coaching or Teaching	○	○	○
Electrical Systems	○	○	○
Electronic Systems	○	○	○
Heavy Equipment Operation	○	○	○
Plumbing Systems	○	○	○
Radio/Telephone Communications	○	○	○
Vehicle Mechanics	○	○	○
Workplace Safety Training	○	○	○
Other	○	○	○

Must have a valid Ontario G class license or higher.

Please check which license(s) you currently have:

G ☐	D ☐	Z ☐	A ☐	B ☐	M ☐

OTHER RELATED WORK EXPERIENCE

Do you have previous firefighting experience? ☐ Yes ☐ No

# of years:_____ Position: _____

Fire Department: _____

Do you have military or police service experience? ☐ Yes ☐ No

# of years:_____ Position: _____

Branch or Department: _____

What best describes your work schedule?

☐ Days ☐ Night ☐ Shift work ☐ Self employed

Please describe any restrictions that would prevent you from for regularly attending training and/or calls:

_____
_____
_____
_____

Please complete the following:

Are you able to attend regular training on weeknights and/or weekends?	☐ Yes	☐ No
Are you able to perform physical work under sometimes-adverse conditions?	☐ Yes	☐ No

EMPLOYMENT HISTORY

Name/Address of Previous Employer
Job Title
Period of Employment
Type of Business
Reason for Leaving
Duties/Responsibilities

Name/Address of Previous Employer
Job Title
Period of Employment
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:

EMERGENCY CALLS

Is your current employer aware of this application?	☐ Yes	☐ No
Will your current employer support your application?	☐ Yes	☐ No
Will your current employer allow you to attend emergency calls during working hours?	☐ Yes	☐ No

READ THE FOLLOWING CAREFULLY, THEN SIGN AND FILL IN TODAY'S DATE.

I hereby declare that the information I have provided is true and complete to the best of my knowledge. I acknowledge that a false statement may disqualify me from consideration or may cause my immediate dismissal. I understand that my application is subject to a satisfactory police background check and medical assessment. Further, I hereby authorize The Corporation of the City of Thorold to contact the persons whose names I have provided for the purpose of obtaining reference information, including information, which may be contained, in my personnel file(s).

Signature of Applicant

Date

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