

VOLUNTEER FIREFIGHTER APPLICATION



Applicants must be 18 years of age and a Canadian citizen or a legal permanent resident. Minimum hiring criteria include: possessing a valid driver's license, and no criminal record.

PERSONAL INFORMATION (Please Print)

LAST NAME:					FIRST NAME:								
PRIMARY PHONE:						EMAIL:							
SECONDARY PHONE:													
Are you between 18-60 ADDRESS: years?					CITY:			PROVINCE: PO		POS	POSTAL CODE:		
NO 🗆 YES 🗆													
EDUCATION (Diplomas, Degrees)													
Name & Location of	Course			Degree, Diplo				Dates:		Graduate?			
School/Institution Grade, High School	Pro	Program/Major		Credits			Started		Completed		Yes	No	
Grade, High School													
Post Secondary													
Other													
			NT HIS	TORY (In Chron	olo	ogical orde	r - starting w	vith mos	st recent)				
1. Employer's Name and Address: Position: Dates Worked: Reason for Leaving:													
		Dates worked:			Reason for Leaving:								
Supervisor's Name and Position:					Phone No.								
Duties:													
2. Employer's Name ar	nd A	ddress:											
Position:			Dates Worked:					Reason for Leaving:					
Supervisor's Name and Position:					Phone No.								
Duties:													

Additional qualifications, volunteer experience and/or past fire fighting experience with other agencies or									
departments.									
GENERAL INFORMATION									
Valid Driver's License:	Driver's Class								
☐ Yes	1. 2. 3. 4. 5. 6.								
□ No			No · · ·						
Do you hold a valid First Aid Certificate? If yes, indicate what level:									
□ Yes □ No									
Do you have any physical limi	tations or health pro	hlems that m	l av affect vour	nerformance in the	type of work you are				
applying for?	tations of meaning pro	objecting endering	ay arreet your	periormance in the	type or work you are				
	se provide details								
□ No									
Please explain briefly:		6 : 1 :							
A) Your reasons for war	iting to become a fir	efighter.							
B) Why you consider yo	ourself suited to this	nosition							
B) Why you consider yourself suited to this position.									
Please Provide 2 Profession	nal References:								
1. Name	Company	F	Relationship	Pho	ne				
1. Name	Company	F	telationship	Pho	ne				
APPLICANT'S DECLARATION (Please read carefully before signing)									
I understand:									
My signature on this form is my permission to contact my present/past employers to obtain references.									
 As a condition of employment, I am required to satisfactorily complete a medical examination, a criminal record search, a reference check and a physical abilities test. 									
There is a probationary work period during which my performance and suitability for the position will be reviewed.									
	 								
Applicant's Signature	Please	Print Name		Date					