



4800 SOUTH SERVICE RD
 BEAMSVILLE, ON L0R 1B1
 905-563-8205



APPLICATION FOR THE POSITION OF VOLUNTEER FIREFIGHTER

Please Fill Out Completely / Confidential When Completed

Location Applied For: *(Select the fire station closest to your residence)*

Station 1 – Beamsville
 Station 2 – Campden
 Station 3 – Vineland
 Station 4 – Jordan

PERSONAL INFORMATION

Last Name	Given Name(s)
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Address	Postal Code
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Home Telephone	Work Telephone
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Cellular Telephone	Email
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Are you able to read, understand, and speak English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet the Minimum Eligibility Requirements? <i>(Refer to Recruiting Information Guide)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Explain:</i>	Driving Distance to the Fire Station: From Your Home: _____ km From Your Usual Workplace: _____ km
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AVAILABILITY TO ATTEND FIRE CALLS

Do you work shifts?
 No Yes – *Describe:*

Will your employer allow you to attend fire calls during working hours?
 No Yes – *Explain:*

Weekdays (Monday - Friday) Indicate your *TYPICAL* availability (80%+ of the time). Check *ONE* box for each time slot:
 Morning (6am – Noon): In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available
 Afternoon (Noon – 6pm): In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available
 Evening (6pm – Midnight): In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available
 Night (Midnight – 6am): In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available

Weekends & Holidays Indicate your *TYPICAL* availability (80%+ of the time). Check *ONE* box for each time slot:
 Saturday: In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available
 Sunday: In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available
 Holidays: In Town & Available Shift Work-Varies Out of Town-Delayed* Not Available

*Delayed means typical response time to then fire station of greater than 10 minutes.

EDUCATION	
Secondary School	Highest Grade/Level Completed
Post-Secondary Education/College	
Major or Specialization	Level or Degree Achieved
Post-Secondary Education/College	
Major or Specialization	Level or Degree Achieved
EMPLOYMENT EXPERIENCE	
Present Employer	Location
Position	Start Date
Supervisor Name	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide telephone number:
Duties	

Previous Employer	Location:
Position	How long were you employed there?
Supervisor Name	May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Provide telephone number:</i>

Duties

RELATED SKILLS AND ABILITIES

Do you have previous firefighting experience?
 No Yes - Describe:

Do you have other relevant skills or experiences that may apply to this position?
 No Yes - Describe:

For EACH of the following areas, indicate your skill level by circling the appropriate number:
0 – MINIMAL: No formal experience, minimal personal knowledge or skills.
1 – BASIC: Basic familiarity acquired through personal experience, high school level courses, and/or basic training.
2 – WORKING: Good working knowledge, skills, experience, and/or post-secondary courses or apprenticeships.
3 – EXPERT: Advanced skills, professional licence, recognized certification or trade, and extensive experience.

	SKILL LEVEL	PROVIDE DETAILS
Firefighting	0 1 2 3	
Rescue	0 1 2 3	
Fire Alarm / Fire Suppression Systems	0 1 2 3	
Hazardous Materials Response	0 1 2 3	
Medical / Health Sciences	0 1 2 3	
Breathing Apparatus / SCUBA	0 1 2 3	

Occupational Health & Safety	0 1 2 3	
Working at Heights	0 1 2 3	
Skilled Trades	0 1 2 3	
Building Inspections	0 1 2 3	
Radio Communications	0 1 2 3	
Public Speaking	0 1 2 3	
Teaching, Facilitation, Coaching	0 1 2 3	
Truck / Bus Driver	0 1 2 3	
Heavy Equipment Operation	0 1 2 3	

LICENCES AND CERTIFICATES

NFPA Certifications

- NFPA 1001 Firefighter I NFPA 1001 Firefighter II NFPA 472 Haz-Mat - *Specify Level:* _____
 Other NFPA Certifications – *Specify:*

CPR – Specify Provider: _____ **Expiry Date:** _____

First Aid – Specify Provider: _____ **Expiry Date:** _____

Ontario Driver's Licence – Specify Class(es):

- A B C D E F G G1 G2 M **Endorsement:** Z (Air Brake)

Has your driver's licence ever been suspended or revoked? No Yes

REFERENCES

Provide 2 references that we may contact who have known you for at least 1 year and are not relatives:

Name		Name	
Relationship	Years Known	Relationship	Years Known
Telephone		Telephone	

ADDITIONAL INFORMATION

Conditions of Acceptance:

I hereby affirm that all of the information given on, or attached to, this application is true and correct. I understand that all information provided in this application is subject to verification. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered sufficient cause for cancellation of the application, or if hired, just cause for immediate dismissal.

I authorize the Town of Lincoln to contact my references and to otherwise make such inquiries respecting the foregoing information as may be deemed necessary, and to obtain and review my volunteer firefighter medical examination report, driver's abstract, and police records check.

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.