



TOWN OF PELHAM FIRE DEPARTMENT



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		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? <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? 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):

Ontario Driver's License #: _____

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			

OTHER RELATED 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: _____

Would you be able to respond to calls 24 hours a day, 7 days a week? Yes No

If not, please describe any restrictions that would prevent you from being available:

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 Current Employer	Job Title
	Period of Employment
Type of Business	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your current employer support your application?	<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

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 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 Town of Pelham to contact three 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.