VOLUNTEER FIRE FIGHTER APPLICATION

NAME: _____

MAILING ADDRESS: _____

_____

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

EDUCATION

ELEMENTARY LEVEL COMPLETED _____

HIGH SCHOOL LEVEL COMPLETED _____

COLLEGE/UNIVERSITY

_____

_____

TRAINING / CERTIFICATES / PREVIOUS FIRE FIGHTING EXPERIENCE

What other training, courses or certificates have you completed that are relevant to this Application? Please identify if these are currently valid or are expired.

_____

_____

_____

_____

_____

_____

EMPLOYMENT RECORD

1. Employer _____
   From: _____ To: _____
   Duties / Responsibilities: _____
   Reason for Leaving: _____
   Supervisor: _____ Phone No.: _____

2. Employer _____
   From: _____ To: _____
   Duties / Responsibilities: _____
   Reason for Leaving: _____
   Supervisor: _____ Phone No.: _____

3. Employer _____
   From: _____ To: _____
   Duties / Responsibilities: _____
   Reason for Leaving: _____
   Supervisor: _____ Phone No.: _____

REFERENCES

1. _____
   _____

2. _____
   _____

3. _____
   _____

COMMENTS

(Please provide additional information you feel may be related to the position you are applying for.)

_____
_____
_____
_____
_____

The personal information provided on the Application is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25, as amended*, s. 227 and will be used to assess your qualifications for the position(s) noted.

This Application will be retained in accordance with the Township's Records Retention By-Law and will then be destroyed unless you have been hired by the Township of Ear Falls within that period at which time it will be retained in your Personnel File.

The Township of Ear Falls is an Equal Opportunity Employer.

If you are offered a volunteer position, you will be required to complete a Fire Fighters Medical, a Criminal Reference Check, and other payroll paperwork. Your SIN Number and bank account information will be needed. You cannot start work until this is completed. Failure to complete this information in a timely manner may result in an offer being rescinded.

DECLARATION

The information provided in this Application is true and correct. I understand that any false statements may VOID this Application and may result in dismissal if I am already hired. I also consent to a representative of the Township of Ear Falls contacting the above noted employers to provide references.

_____ _____

Date of Application Signature

FIRE DEPARTMENT RECOMMENDATION TO HIRE

This Applicant is eligible to be hired based on the assessment completed by the Fire Chief.

_____ _____

Date of Recommendation to Hire Fire Chief's Signature

TOWNSHIP APPROVAL TO HIRE

This Applicant may proceed with Fire Fighters Medical / Vulnerable Sector Check (Criminal Reference Check). Medical must be completed successfully and submitted to the Municipal Office prior to initiating the Vulnerable Sector Check (Criminal Reference Check).

_____ _____

Date of Approval Clerk Treasurer Administrator's Signature