



ST. CLAIR TOWNSHIP FIRE DEPT CANDIDATE APPLICATION



This form should be **DOWNLOADED** and **SAVED** to your computer. Then complete the form using Adobe Reader (or Acrobat).

Do **NOT** attempt to complete this form from within your web browser

Once completed, **SAVE** and **EMAIL** the form as an attachment to hr@stclairfire.ca

If needed, you may download a free copy of Adobe Reader at: get.adobe.com/reader/

PERSONAL INFORMATION

Applicant's Name: _____ Date _____

Current Address: _____ Mailing Address: (if different than street address) _____

City Province Postal Code City Province Postal Code

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Are you 18 years or older? **Yes** **No**

Are you a Canadian citizen or otherwise authorized to work in Canada on an unrestricted basis? **Yes** **No**
(you may be required to provide documentation)

Have you ever worked for St. Clair Township? **Yes** **No** If Yes, when, and which Department?

What hours are you available to work between 7 am - 7 pm?

If there are any periods of time, *(days/weeks/months)* that you are unavailable, please specify:

Would your employer allow you to leave work for an incident called out? **Yes** **No**
(This will not necessarily affect your application)

EDUCATION

Name	Location	From	To	GRADUATE		Degree(s) / Diploma(s) / Certification(s) Achieved
		MM / YYYY	MM / YYYY	Yes	No	
Secondary						
Post Secondary						
Post Secondary						
Trade, Business or Other School						

EMPLOYMENT HISTORY

Beginning with your present employer, please list separately all jobs you have held including part-time positions

****You may wish to attach a resume****

Company Name:	Position Held:
Period of Employment - From: To:	

Job Duties/Responsibilities:

Reason for Leaving:

Company Name:	Position Held:
Period of Employment: From: To:	

Job Duties/Responsibilities:

Reason for Leaving:

Company Name:	Position Held:
Period of Employment: From: To:	

Job Duties/Responsibilities:

Reason for Leaving:

RELATED SKILLS

Do you have previous related firefighting experience? **Yes** **No**

If **YES**: Municipal Industrial MNR Other - Please explain below:

Do you have military or police experience? **Yes** **No** **Other (Explain):**

Do you possess a valid Ontario Driver's licence? **Yes** **No**

If **YES**: What class of licence do you possess? **A** **B** **C** **D** **G** **G2** **G1**

Do you have a "**Z**" endorsement on your licence? **Yes** **No**

How many years of experience do you have driving?

Using the following scale, evaluate your ability & confidence level to understand and work with the given skills listed.

Skill Level 0	No experience or training.
Skill Level 1	Some familiarity and competence has been acquired through personal experience, High school courses or other training.
Skill Level 2	Skills are at an advanced level, acquired through extensive personal involvement and/or post secondary courses.
Skill Level 3	A trade licence or recognized certificate is held, or significant professional experience has been acquired. Please include copies of licences or certificates with your application.

SKILLS	0	1	2	3	For Office Use Only
MECHANICAL - APPLIANCE/OFFICE/MOTOR/EQUIPMENT					
PUMPS, VALVES, SPRINKLER SYSTEMS					
BREATHING APPARATUS					
ELECTRICAL SYSTEMS					
ELECTRONIC SYSTEMS/COMPUTER TECHNOLOGY					
CLIMBING SKILLS					
WORKING FROM HEIGHTS					
RESCUE PROCEDURES, I.E. NURSING, LIFEGUARDING					
KNOWLEDGE OF FIRE SAFETY PRACTICES					
OCCUPATIONAL HEALTH & SAFETY					
BUILDINGS - INSPECTION/MAINTENANCE/DESIGN					
READING BLUEPRINTS/DIAGRAMS/CHARTS					
ATHLETICS/SPORTS/FITNESS					
COACHING/TEACHING/RECREATION LEADERSHIP					

Are you fluent in a language other than English? If so, please specify:

Additional Notes / Comments / Details in Regards to the Above Skills:

RELATED SKILLS (Continued)

Why are you interested in joining the fire service and what other skills or qualities would make you a good candidate?

I certify that the information provided on this application is true and complete. I understand that should this application contain any false or misleading information, my application may be rejected or my service with the Emergency Services Department may be terminated.

Signature: _____

Date: _____

(for electronic submissions please type name)

Save and email to: hr@stclairtownship.ca