



NOTE: This form should be downloaded, saved to your computer, and filled-in using Adobe Reader (or Acrobat). Do NOT attempt to complete directly within your web browser. Once completed, use the SAVE and email a copy as an attachment to hr@stclairtownship.ca If needed, you may download a free copy of Adobe Reader at: get.adobe.com/reader/

St. Clair Township Fire Department CANDIDATE APPLICATION

PERSONAL INFORMATION

| | | | | | |
|--|----------------|-----------------------------|--|---------------------|--------------|
| Applicant's Name: _____ | | | Date _____ | | |
| Last | First | Middle | | | |
| Current Street Address: _____ _____ | | | Mailing Address (if different from Street Address) _____ _____ | | |
| City _____ | Province _____ | Postal _____ | City _____ | Province _____ | Postal _____ |
| Primary Tel. Number _____ | | Secondary Tel. Number _____ | | Email Address _____ | |
| Are you a Canadian citizen or otherwise authorized to work in Canada on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No (You may be required to provide documentation.) | | | | | |
| Have you ever worked for St. Clair Township? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ | | | | | |
| Do you have any friends or relatives working for St. Clair Township? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their names: _____ | | | | | |

Hours you are available to work: _____

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

EDUCATION

| Name | Location | From | | To | | GRADUATE? | | Degree(s) / Diploma / Certification Achieved |
|---------------------------------|----------|-----------|-----------|-----------|-----------|-----------|----|--|
| | | MM / YYYY | MM / YYYY | MM / YYYY | MM / YYYY | Yes | No | |
| High School | | | | | | | | |
| College | | | | | | | | |
| College | | | | | | | | |
| Trade, Business or Other School | | | | | | | | |

EMPLOYMENT HISTORY

You may wish to attach a resume

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

| | |
|-------------------------------------|---|
| Company Name: | Supervisor Name: |
| Street Address: | Period of Employment - From: _____ To: _____ |
| City, Province & Postal: | Present/Last Position: |
| Type of Business: | Phone: _____ May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Job Duties/Responsibilities:

Reason for Leaving:

| | |
|-------------------------------------|---|
| Company Name: | Supervisor Name: |
| Street Address: | Period of Employment - From: (yyyy/mm) To: (yyyy/mm) |
| City, Province & Postal: | Present/Last Position: |
| Type of Business: | Phone: _____ May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Job Duties/Responsibilities:

Reason for Leaving:

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| Company Name: | Supervisor Name: |
| Street Address: | Period of Employment - From: (yyyy/mm) To: (yyyy/mm) |
| City, Province & Postal: | Present/Last Position: |
| Type of Business: | Phone: _____ May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Job Duties/Responsibilities:

Reason for Leaving:

RELATED SKILLS

Do you have previous related firefighting experience? Yes No

If YES, please complete the following:

1. Where was the firefighting experience obtained?

Municipal Fire Industrial Fire MNR Other (Explain): _____

2. Name of Department: _____

Do you have military or police experience? Yes No

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

If YES:

1. Provide your license number: _____

2. What class of licence do you have? A B D F Full G Other (Please specify): _____

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

4. 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 yes, specify:

ADDITIONAL NOTES/COMMENTS/DETAILS REGARDING 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?

REFERENCES

List at least two (2) persons whom you have known at least one year (do not include relatives)

| Name | Relationship to You | Telephone Number | Years Known |
|------|---------------------|------------------|-------------|
| | | | |
| | | | |

CONDITIONS OF EMPLOYMENT

It is understood and agreed that any misrepresentation made by me in connection with any phase of the program and/or with this application, will be sufficient cause for cancellation of the application. I authorize the municipal personnel department and fire department to make enquiries respecting the foregoing information as may be deemed necessary.

If selected, I shall abide by, and be subject to the rules and regulations, the standard operating guidelines and policies and the establishing and regulating by-law of the municipal fire department (copies of all these documents are available through the municipal fire department).

Date: _____ Applicant's Signature: _____

(Type name/signature for electronic submission) "Save" and email to: hr@stclairtownship.ca

OFFICE USE ONLY

Date Received in Office: _____ Initial: _____