

Whitchurch-Stouffville Fire and Emergency Services
Volunteer Firefighter Application Form
 Confidential when completed

PERSONAL INFORMATION				
Surname	First Name	Initial	Home Telephone	Business Telephone
			() -	() -
Street Address				
City/Town		Province	Postal Code	
EMPLOYMENT REQUIREMENTS				
Are you legally eligible to work in Canada?		Yes	No	
What hours would you be able to respond to emergency responses?		<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends	
		<input type="checkbox"/> Weeknights	<input type="checkbox"/> Other _____	
Are you able to understand and communicate clearly in oral and written English?		Yes	No	
Do you have a valid Ontario Driver=s Licence Class _____		Yes	No	
CONDITIONS OF EMPLOYMENT - PLEASE READ THIS SECTION CAREFULLY				
<p>I affirm and certify that the information given on this application, or appended herewith, is true and correct. I understand any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.</p> <p>I agree to have a physical examination including x-rays or other tests or procedures required by a medical doctor appointed by the Town of Whitchurch-Stouffville. I understand that my employment is contingent on the examination results.</p> <p>I agree to comply with all Town of Whitchurch-Stouffville directives including rules, regulations and other terms and conditions of employment as may be instituted or revised from time to time.</p> <p>I authorize the Town of Whitchurch-Stouffville to obtain my medical assessment information from York University or other institution.</p>				
This application form is in compliance with the Ontario Human Rights Code.				
Signature of Applicant			Date	

Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for candidate selection purposes only.

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EDUCATIONAL BACKGROUND

High School: _____
(name of school)
From: Month: _____ Year: _____ To: Month: _____ Year: _____
Highest grade/level completed: _____

VOCATIONAL SCHOOL/COLLEGE/UNIVERSITY

Name of Institution	Years Completed	Level or Degree	Major or Specialization

DESCRIBE ANY COURSES/CERTIFICATES/SPECIALIZED SKILLS/TRADES

Description	Date

WORK EXPERIENCE

Beginning with your present employer, list separately all jobs you have held, including summer and part-time positions while in school.

1		PRESENT EMPLOYER	Employer=s Name	Employer=s Address
		Date Employed		
FROM	TO	Position Held	Immediate Supervisor	

Duties/Responsibilities:

2		Date Employed	Employer=s Name	Employer=s Address
FROM	TO	Position Held	Immediate Supervisor	

Duties/Responsibilities:

3		Date Employed	Employer=s Name	Employer=s Address
FROM	TO	Position Held	Immediate Supervisor	

Duties/Responsibilities:

4. Attach list of other employers, if necessary.

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OTHER EXPERIENCE

Previous EMS experience No Yes (please explain)

Previous Firefighter experience No Yes (please explain)

Community Work No Yes (please explain)

Military or Police No Yes (please explain)

RELATED SKILLS

(please complete this section even if a resume is submitted)

Indicate level appropriate to your training and skills.

0 – No experience or exposure

1 – Some familiarity and competence

2 – Advanced amateur or post-secondary courses

3 – Certification or professional experience

Related Skill	Level	Explain
Motor Vehicle Mechanic		
Medical Related Field		
Professional Driver		
Radio Communications		
Rescue Procedures		
Firefighting		
Pumps, Valves & Sprinkler System		
Building Trades (Carpentry, Electrician, Plumbing, etc.)		
Heavy Equipment Operator		
Scuba Diving		
Coaching/Teaching Skills		

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