

Fire Department Application Municipality of Temagami

<input type="checkbox"/> Marten River <input type="checkbox"/> Temagami	Fire / Rescue Division <input type="checkbox"/> Prevention / Public Education <input type="checkbox"/>
--	---

Personal Information:

Please Print

Last Name: _____ Given Name _____ Initial: _____

Address: _____

Mailing Address (if different): _____

Home phone # _____ Work # _____ Cell# _____

Do you have a valid driver's license Yes No Class: _____ Z endorsement? Yes No

Do you have 24-hour transportation? Yes No

Volunteer Eligibility Requirements

Grade 12 Education or Equivalent;

A valid driver's license (class G2 with minimum 1 year experience), &

Physically able to perform the essential duties of a member of the Volunteer Fire Department

Note:

An abstract of your driver's licence will be required prior to being offered a position on the Fire Department

All applicants must present a clean Police Record Check's prior to being offered a position on the Fire Department.

Legally eligible to work in Canada? Yes No Do you meet Eligibility Requirements? Yes No

Are you able to understand oral and written English? Yes No

Other Languages? (*describe*) _____

Employment History:

Present Employer: _____ Job title: _____

Address _____

Duties: _____

Period of employment: _____ May we contact your employer Yes No Ph. _____

shift work? Yes No Describe: _____

Will your employer allow you to leave work to respond to an emergency? Yes No

Past Employer: _____ Job title: _____

Address: _____

Duties: _____

Period of employment: _____ May we contact this employer Yes No Ph. _____

List References: _____

If different than above _____

Education:

Elementary Secondary Post-Secondary Education level achieved _____

Major or Specialization: _____

Level or degree achieved _____

Diplomas, trade certificates, _____

Other skills _____

Previous firefighting or emergency responder experience? Yes No length of service: _____

Department name: _____ Service date _____ to _____

Address: _____ Prov. _____ Postal Code _____

Volunteer Experience:

Vol. Organization: _____ address: _____

Duties: _____

How long did you volunteer there: _____ May we contact them? Yes No Ph. #: _____

Vol. Organization: _____ address: _____

Duties: _____

How long did you volunteer there: _____ May we contact them? Yes No Ph. #: _____

Additional Sheets /information attached: YES NO

I certify that the answers to the questions on this application are true to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal. I also agree to provide information on request including personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act.

Applicant's signature

Date

Collected in accordance with the Municipal Freedom of Information & Privacy Act 1989, s.28(2). If you have any questions about this form please contact the Chief Administrative Officer, Municipal Office, 7 Lakeshore Drive, P.O. Box 220, Temagami ON P0H 2H0 Tel: (705) 569-3421

FOR OFFICE USE	
Date Received by Fire Department: ____ / ____ / ____	SC application review _____ SC Reference Check _____
Applicant contacted: ____ / ____ / ____	SC final recommendation _____