

Township of Southwold
 35663 Fingal Line
 Fingal ON
 NOL 1K0

**TOWNSHIP OF SOUTHWOLD
 FIRE RESCUE APPLICATION FOR VOLUNTEER FIREFIGHTER**

DATE PREPARED	MO DAY YR
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STATION TO WHICH YOU ARE APPLYING:

Station - Talbotville

Station - Shedden

PERSONAL INFORMATION

APPLICANT'S NAME (SURNAME FIRST)	INITIALS ONLY	
STREET ADDRESS	CITY	POSTAL CODE
TELEPHONE NO.	MESSAGE TELEPHONE NO.	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER WORKED FOR THE TOWNSHIP OF SOUTHWOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION

(CIRCLE LAST YEAR COMPLETED)

SECONDARY SCHOOL	9 10 11 12 OAC.	NATURE OF COURSE
COLLEGE/UNIVERSITY	1 2 3 4 5	
DEGREE/DIPLOMA OBTAINED		

EMPLOYMENT

(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			PRESENT/LAST POSITION
STREET ADDRESS			PERIOD OF FROM YR MO TO YR MO EMPLOYMENT
CITY	PROVINCE	POSTAL CODE	NAME OF SUPERVISOR
TYPE OF BUSINESS			REASON FOR LEAVING
COMPANY NAME			PRESENT/LAST POSITION
STREET ADDRESS			PERIOD OF FROM YR MO TO YR MO EMPLOYMENT
CITY	PROVINCE	POSTAL CODE	NAME OF SUPERVISOR
TYPE OF BUSINESS			REASON FOR LEAVING

RELATED FIREFIGHTING EXPERIENCE

DO YOU HAVE PREVIOUS RELATED FIREFIGHTING EXPERIENCE?

YES NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

WHERE WAS THE FIREFIGHTING EXPERIENCE OBTAINED?

ANOTHER FIRE DEPARTMENT INDUSTRIAL ORGANIZATION/FIRE
 NATURAL RESOURCES OTHER _____

DRIVING EXPERIENCE

DO YOU POSSESS A VALID DRIVER'S LICENCE?

YES NO

WHAT DRIVER CLASS DO YOU POSSES?:

(STATE): _____

DO YOU POSSESS A VALID "Z" AIR BRAKE ENDORSEMENT?

YES NO

HAVE YOU HAD ANY EXPERIENCE OR TRAINING IN DRIVING HEAVY VEHICLES?

YES...EXPLAIN BELOW NO

EXPLANATION:

RELATED SKILLS

INDICATE SKILL LEVEL BY CHECKING APPROPRIATE BOX BELOW AND
GIVE EXPLANATION WHERE INDICATED.

- 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 OF AN
INFORMAL NATURE.
- 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.

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MECHANICAL - APPLIANCE / OFFICE / MOTOR / EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUMPS, VALVES, SPRINKLER SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BREATHING APPARATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRONIC SYSTEMS / COMPUTER TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMBING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKING FROM HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUE PROCEDURES, i.e. NURSING, LIFEGUARDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF FIRE SAFETY PRACTICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATIONAL HEALTH & SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDINGS - INSPECTION / MAINTENANCE / DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING BLUEPRINTS / DIAGRAMS / CHARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATHLETICS / SPORTS / FITNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHING / TEACHING / RECREATION LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST AID COURSE - HOLD CURRENT CERTIFICATE
EXPIRY DATE: _____

YES NO

CARDIO-PULMONARY RESUSCITATION - HOLD CURRENT CERT.
EXPIRY DATE: _____

YES NO