



TOWNSHIP OF SOUTHWOLD FIRE DEPARTMENT APPLICATION FOR PAID-ON-CALL FIREFIGHTER

DATE PREPARED	MO	DAY	YR
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Attach Resume & Cover Letter to this Application

Email to fireadmin@southwold.ca or drop off in person at the Township Office located at 35663 Fingal Line, Fingal, ON.

Please check which Station you are applying for:

- Shedden
- Talbotville

PERSONAL INFORMATION

APPLICANT'S NAME (FIRST, LAST)		EMAIL ADDRESS	
STREET ADDRESS		CITY	POSTAL CODE
TELEPHONE NO (HOME)		TELEPHONE NO. (CELL)	
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

(ENTER 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			

FIREFIGHTING EXPERIENCE

DO YOU HAVE PREVIOUS 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? _____

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

YES (EXPLAIN BELOW) NO

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. |

SKILLS TABLE

	0	1	2	3
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