



Southwold Fire Department
Firefighter Job Description &
Application Form

Return to: Township of Southwold

35663 Fingal Line, Fingal, ON

or firechief@southwold.ca

FIREFIGHTER

General Statement of Duties

Performs fire fighting duties and other related work as required.

Distinguishing Features of the Rank

This is manual work of a hazardous nature involving the fighting of fires, salvage, rescue work and some first aid generally under the direct supervision of superior officers. Regular training and some maintenance work on the fire station and vehicles is required. Fire fighters may be required to make decisions and work without supervision until an officer arrives at the scene.

Examples of Work

- Responds to fire, rescue, hazardous materials emergencies and other emergencies assigned to his/her company
- Lays out and connects hose lines, nozzles and other related appliances, turns water on and off
- Holds fire hose and directs fire streams
- Operates a pressure pump as assigned
- Operates elevating devices as assigned
- Drives fire apparatus as assigned
- Carries, puts up and climbs ladders
- Operates rescue equipment
- Performs salvage work at fire and emergency scenes using salvage covers, vacuums, mops, squeegees, etc.
- Performs ventilation by making openings in buildings, using exhaust fans or fog streams
- Enters burning or contaminated buildings, structures and other areas to fight fires and/or perform rescues while wearing required clothing and safety equipment
- Assists in giving first aid to the injured
- Assists in cleaning fire fighting equipment upon return to the station after an emergency call or a practice
- Attends regular training sessions to practice existing procedures and to learn and practice new fire fighting and rescue methods
- Cleans and maintains areas of the fire station used by the members as scheduled
- Assists with the fire prevention program
- Other duties as assigned by the Fire Chief

Required Knowledge, Skill and Abilities

Mental alertness, mechanical aptitude, ability to get along well with others, willingness to perform any task assigned, conscientious and dependable, good physical condition, holder of a valid Class "D" licence complete with "Z" endorsement or able to obtain such licence within one year of joining the fire department.

TOWNSHIP OF SOUTHWOLD FIRE DEPARTMENT APPLICATION FOR VOLUNTEER/PAID ON CALL FIREFIGHTER

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

Station -Talbotville
 Station - Shedden

STATION TO WHICH YOU ARE APPLYING

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

(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		

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

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.

MECHANICAL - APPLIANCE / OFFICE / MOTOR / EQUIPMENT	0	1	2	3
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