

APPLICATION



Last Name

First Name

Initial

Address

Apartment/Box Number

City/Town

Postal Code

STATION/s you are applying to
STN _____ km _____
STN _____ km _____
km from station to home

Home Phone

Business Number

Extension

Cell Number

email address

Cell Provider

- Are you legally entitled to work in Canada? Yes No
- Are you over the age of 18 years? Yes No
- Do you have a valid driver's licence? Yes No
- Have you ever been employed by the County of Brant? Yes No
- Do you own or have a motor vehicle that is available to you at all times? Yes No

Classification: _____

Will you be able to participate in scheduled bi-weekly evening training sessions? Yes No
If no, explain: _____

Will you be able to attend the occasional training or education opportunity that may take you away from home for up to a week at a time? Yes No
If no, explain: _____

Are you "comfortable" with the sight of blood and injured persons? Yes No
If no, explain: _____

Will your employer allow you to leave work to attend emergencies? Yes No
If no, explain: _____

When not at work, are you usually around home, and will you be available to attend emergencies?
 Always (90%) Usually (75%) Sometimes (50%) Seldom (25%)
Explain: _____

Does your family support you becoming a volunteer firefighter? Yes No
If no, explain: _____
(Note: the individual Candidate interview encourages the attendance of your spouse, if applicable)

B. EDUCATION: (unless included on resume) NOTE: Attach copies of educational achievements that are listed.

Secondary School education grade achieved: _____

Type of certificate or diploma received: _____

Business, Trade or Technical School: Name of Course: _____

Length of Course: _____ Licence, certificate or diploma awarded? Yes No

Community College: Name of Program: _____

Length of Course: _____ License, certificate or diploma awarded: Yes No

University: Major Subject: _____ Minor: _____

Degree Awarded: _____ Year: _____ Distinction: _____

Other licenses, certificates, tickets, papers, degrees, etc. **NOTE: attach copies where appropriate.**

C. EMPLOYMENT: (unless included on resume submission) NOTE: Begin with current or most recent experience

Employer:	Duration of Employment:
Employer's Mailing Address:	Supervisor:
Job Title:	Phone Number:
What is your current Work Schedule?	
Employer:	Duration of Employment:
Employer's Mailing Address:	Supervisor:
Job Title:	Phone Number:
Employer:	Duration of Employment:
Employer's Mailing Address:	Supervisor:
Job Title:	Phone Number:

D. REFERENCES Complete all appropriate areas in this section.

Provide the name, and telephone number of at least three persons who we may refer to.

1. _____
Name *Contact Number*

Years Known _____ Nature of Relationship _____

2. _____
Name *Contact Number*

Years Known _____ Nature of Relationship _____

3. _____
Name *Contact Number*

Years Known _____ Nature of Relationship _____

E. DECLARATION (Read the following carefully and sign and date the page at the bottom.)

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from membership in the fire department, or if I become a member, may be cause for my dismissal.

I also understand that all applicants will be required to participate in an applicant screening process; and if offered membership I will be required to successfully complete a recruit training course. I will then be required to successfully complete a one year probationary period, with specific requirements, before being accepted as a full member of the fire department. I understand and agree that if at any point during this process I fail to meet expectations, I may be denied further participation in the evaluation process and my application may be rejected, or if I have accepted a recruit or probationary position with the fire department, I may be dismissed.

At the time that I may be offered a position with the fire department, I will be required to sign an undertaking to follow the directions of the officers, of the Council, and the rules, regulations and policies of the fire department.

Signature: _____ Date: _____

Personal information on this form is collected under the authority of the Municipal Act, RSO 1990, c.M.45, Section 207, Paragraph 45, and will be used to determine your qualifications for membership as a volunteer firefighter in the County of Brant Fire Department. Questions about this collection should be directed to the Fire Chief at 61 Dundas Street East, Paris, ON N3L 3H1, (519) 442-4500.