

# FIREFIGHTER APPLICATION FORM

The Corporation of the Town of Whitby  
 Human Resource Services  
 575 Rossland Road East, Whitby, ON L1N 2M8  
 Telephone: (905) 430-4313



## IMPORTANT INFORMATION

To be considered for Firefighter positions, this application **must** be completed, signed and submitted to Human Resource Services at the above address. The information you provide on this application form will be used to determine your candidacy. Applications that are incomplete, vague or unclear will **not** be considered. Those candidates selected for an interview will be required to provide copies of supporting documentation at the time of interview. Do **not** attach copies of certificates, diplomas, etc. to this application unless specified below. Please do **not** put application, resume, and/or cover letter in binders, folders, sheet protectors, etc.

**POSTING REFERENCE NO.:**

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## SECTION A - PERSONAL INFORMATION

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>ADDRESS:</b>		<b>CITY/TOWN:</b>	<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>		<b>PHONE NUMBER (Alternate):</b>	

## SECTION B – PRIMARY INFORMATION

Are you legally entitled to work in Canada?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to provide a current Criminal Reference Check?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed a post-secondary Firefighter Pre-Service Training Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you completed the OFM Curriculum and Exams?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently possess a valid "DZ" Ontario Driver's Licence (or equivalent) in good standing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently possess a valid Standard First Aid Certificate? Expiry:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently possess a valid CPR Level "C" Certificate? Expiry:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently have visual acuity of 20/30 uncorrected in each eye?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently have excellent hearing without the use of artificial aids?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing and able to work shifts (days, nights, afternoons, holidays)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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## SECTION C – OTHER INFORMATION

Have you completed the York Fitness Test?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, please indicate date _____		

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**SECTION D – EDUCATION (PRE-SERVICE FIREFIGHTER/OFM CURRICULUM)**

Have you successfully completed a Pre-Service Firefighter Program or Post Secondary Certified Fire Training Program? <i>If selected for an interview, photocopies of certificates/diplomas/degrees will be required at that time.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify below:
Is this program NFPA compliant?		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME OF INSTITUTION:</b>	<b>PERIOD OF ATTENDANCE:</b>	
	From:	To:
<b>COMMENTS:</b>		

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Have you completed the OFM Curriculum and written the OFM Exams?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please indicate date _____	

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**SECTION E – EDUCATION (OTHER)**

Indicate the highest level of education completed as certified by the Ontario Ministry of Education (include secondary education, university education, community college, business school, apprenticeship program, and/or any continuing education programs). <i>If selected for an interview, photocopies of certificates/diplomas/degrees will be required at that time.</i>		
1. Name of Educational Institution:		Length of Program:
Program/Course (Major/Specialization):	Degree/Diploma/ Certificate Awarded?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Year Awarded?:
2. Name of Educational Institution:		Length of Program:
Program/Course (Major/Specialization):	Degree/Diploma/ Certificate Awarded?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Year Awarded?:
3. Name of Educational Institution:		Length of Program:
Program/Course (Major/Specialization):	Degree/Diploma/ Certificate Awarded?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Year Awarded?:
4. Name of Educational Institution:		Length of Program:
Program/Course (Major/Specialization):	Degree/Diploma/ Certificate Awarded?:  <input type="checkbox"/> YES <input type="checkbox"/> NO	Year Awarded?:

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**SECTION F – EDUCATION (ADDITIONAL FIRE RELATED COURSES)**

List below additional courses completed not part of the Pre-Service Fire Program completed (as outlined above). *If selected for an interview, photocopies of certificates/diplomas/degrees will be required at that time.*

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Name of Course	Name of Agency/ Institution	Length of Course (# of Days)	Dates Attended	Specify Level –	Certificate Awarded?
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> AWARENESS <input type="checkbox"/> OPERATIONS <input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION G – EXPERIENCE (PROFESSIONAL EMERGENCY RELATED EXPERIENCE)**

Do you have previous (or current) Professional Emergency Related experience?  YES  NO  
 Include only Professional Firefighter, Military, Paramedic, Emergency Service or Medical experience. If yes, specify below:

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<b>EMPLOYER #1 (most recent):</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From: _____ To: _____
<b>DUTIES:</b>		
<b>EMPLOYER #2:</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From: _____ To: _____
<b>DUTIES:</b>		

**SECTION H – EXPERIENCE (VOLUNTEER FIREFIGHTER EXPERIENCE)**

Do you have previous (or current) Volunteer Firefighter experience?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify below:
<b>EMPLOYER #1 (most recent):</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		
<b>EMPLOYER #2:</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		

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**SECTION I – EXPERIENCE (LICENCED TRADES RELATED EXPERIENCE)**

Do you have previous (or current) Trades related experience in which you are Licenced, such as Electrician, Plumber, Mechanic, etc.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify below:
<b>EMPLOYER #1 (most recent):</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		
<b>EMPLOYER #2:</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		

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**SECTION J – EXPERIENCE (OTHER TRADES RELATED EXPERIENCE)**

Do you have previous (or current) other Trades related experience, such as Carpenter, Electrician, Plumber, Mechanic, Construction, etc.		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify below:
<b>EMPLOYER #1 (most recent):</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		
<b>EMPLOYER #2:</b>	<b>POSITION:</b>	<b>PERIOD OF EMPLOYMENT:</b>
		From:                      To:
<b>DUTIES:</b>		

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**SECTION K – COMMUNITY INVOLVEMENT/VOLUNTEER EXPERIENCE**

NAME OF AGENCY/EVENT:	TITLE/ROLE:	PERIOD OF EMPLOYMENT:
		From: _____ To: _____
<b>DUTIES:</b>		
NAME OF AGENCY/EVENT:	TITLE/ROLE:	PERIOD OF SERVICE:
		From: _____ To: _____
<b>DUTIES:</b>		
NAME OF AGENCY/EVENT:	TITLE/ROLE:	PERIOD OF SERVICE:
		From: _____ To: _____
<b>DUTIES:</b>		

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**SECTION L – ATHLETICISM/FITNESS**

Please list below the athletic/fitness activities you are currently involved in.


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**SECTION M – COMPUTER SKILLS**

Please list below the software applications you have experience using.

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Have you attached a detailed resume?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**DECLARATION BY APPLICANT**

*I understand and agree that the information provided by me on this application (and attached sheets) is accurate and complete, and understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application and/or termination of future employment with the Corporation of the Town of Whitby. I hereby authorize the Corporation of the Town of Whitby to make such inquiries respecting the foregoing information as may be deemed necessary.*

*I agree to submit to a medical examination and the York Fitness Test, at my expense, to ascertain my ability to perform the essential duties of the position after an employment interview, at the option of the Corporation.*

*I understand that I may be required to show proof of the validity of my Driver's Licence, Professional Licences and entitlement to work in Canada, when such certification constitutes a job requirement.*

*I agree to present proof of age if I am offered a position with the Corporation of the Town of Whitby, understanding that it is essential information for insurance/pension purposes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Personal information on this form is collected under the authority of the Municipal Act, R.S.O., 1990 C.M45, and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C.M56, and will be used to assess qualifications for employment with the Town of Whitby. Questions about this collection should be directed to Human Resource Services, Town of Whitby, 575 Rossland Road East, Whitby, ON, L1N 2M8 (905) 430-4313.*

(Mar.2010)