

St Clair Township Fire Department

Candidate Application

Personal Information

Applicant's Name			
Street Address		Mailing Address (if different from street address)	
		E-mail Address	
Primary telephone number		Secondary telephone number	
Are you legally eligible to work in Canada?		Have you ever worked for St Clair Township?	
YES	NO	YES	NO

Education

Secondary School Completed (or equivalent)	YES	NO				
Post Secondary years completed	1	2	3	4	5	Type of program
Degree / Diploma / Certification Achieved						

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

RELATED SKILLS

Do you have previous related firefighting experience?	YES	NO
If YES please complete the following		
Where was the firefighting experience obtained? Name of Department:	Municipal Fire Industrial Fire MNR Other: explain	
Do you have military or police experience?	YES	NO

Do you possess a valid Ontario driver's licence?	YES	NO
If YES provide your licence number		
What class of licence do you have?	A B D F Full G	OTHER please specify:
Do you have a " Z " endorsement on your licence?	YES	NO
How many years of experience do you have driving?		

RELATED SKILLS continued

Using the following scale evaluate your ability to understand, work with, confidence level with the given skills listed.

- 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.
- 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.

	0	1	2	3
MECHANICAL - APPLIANCE/OFFICE/MOTOR/EQUIPMENT				
PUMPS, VALVES, SPRINKLER SYSTEMS				
BREATHING APPARATUS				
ELECTRICAL SYSTEMS				
ELECTRONIC SYSTEMS/COMPUTER TECHNOLOGY				
CLIMBING SKILLS				
WORKING FROM HEIGHTS				
RESCUE PROCEDURES, I.E. NURSING, LIFEGUARDING				
KNOWLEDGE OF FIRE SAFETY PRACTICES				
OCCUPATIONAL HEALTH & SAFETY				
BUILDINGS - INSPECTION/MAINTENANCE/DESIGN				
READING BLUEPRINTS/DIAGRAMS/CHARTS				
ATHLETICS/SPORTS/FITNESS				
COACHING/TEACHING/RECREATION LEADERSHIP				
ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH?		YES		NO
SPECIFY _____ FLUENT?				

RELATED SKILLS continued

Why are you interested in joining the fire service and what other skills or qualities would make you a good candidate?

CONDITIONS OF EMPLOYMENT

It is understood and agreed that any misrepresentation made by me in connection with any phase of the program and/or with this application, will be sufficient cause for cancellation of the application. I authorize the municipal personnel department and fire department to make enquiries respecting the foregoing information as may be deemed necessary.

If selected, I shall abide by, and be subject to the rules and regulations, the standard operating guidelines and policies and the establishing and regulating by-law of the municipal fire department (copies of all these documents are available through the municipal fire department).

Date: _____ Signature of Applicant: _____
type signature for electronic submission

OFFICE USE ONLY

Date received in office _____ Initial _____