



ST. CLAIR TOWNSHIP FIRE DEPT CANDIDATE APPLICATION



This form should be **DOWNLOADED** and **SAVED** to your computer. Then complete the form using Adobe Reader (or Acrobat).

Do **NOT** attempt to complete this form from within your web browser

Once completed, **SAVE** and **EMAIL** the form as an attachment to hr@stclairtownship.ca

If needed, you may download a free copy of Adobe Reader at: get.adobe.com/reader/

Please select the position(s) you are applying to: Paid On-Call Firefighter Paid-by-Event Fire Safety Educator Both

PERSONAL INFORMATION

Applicant's Name: _____ Date _____

Current Address: _____ Mailing Address: (if different than street address) _____

City Province Postal Code City Province Postal Code

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Are you 18 years or older? **Yes** **No**

Are you a Canadian citizen or otherwise authorized to work in Canada on an unrestricted basis? **Yes** **No**

(you may be required to provide documentation)

Have you ever worked for St. Clair Township? **Yes** **No** If Yes, when, and which Department? _____

What hours are you available to work between 7 am - 7 pm?

If there are any periods of time, *(days/weeks/months)* that you are unavailable, please specify:

Would your employer allow you to leave work for an incident called out? **Yes** **No**

(This will not necessarily affect your application)

EDUCATION

| Name | Location | From | To | GRADUATE | | Degree(s) / Diploma(s) / Certification(s) Achieved |
|---------------------------------|----------|-----------|-----------|----------|----|--|
| | | MM / YYYY | MM / YYYY | Yes | No | |
| Secondary | | | | | | |
| Post Secondary | | | | | | |
| Post Secondary | | | | | | |
| Trade, Business or Other School | | | | | | |

EMPLOYMENT HISTORY

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:

Position Held:

Period of Employment - From: To:

Job Duties/Responsibilities:

Company Name:

Position Held:

Period of Employment: From: To:

Job Duties/Responsibilities:

Company Name:

Position Held:

Period of Employment: From: To:

Job Duties/Responsibilities:

RELATED SKILLS

Do you have previous related firefighting experience? **Yes** **No**

If **YES**: Municipal Industrial MNR Other - Please explain below:

Do you have military or police experience? **Yes** **No** **Other (Explain):**

Do you possess a valid Ontario Driver's licence? **Yes** **No**

If **YES**: What class of licence do you possess? **A** **B** **C** **D** **G** **G2** **G1**

Do you have a "Z" endorsement on your licence? **Yes** **No**

How many years of experience do you have driving?

Using the following scale, evaluate your ability & confidence level to understand and work 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. |

| SKILLS | | | | | For Office Use Only |
|---|---|---|---|---|---------------------|
| | 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? If so, please specify:

Additional Notes / Comments / Details in Regards to the Above Skills:

RELATED SKILLS (Continued)

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

I certify that the information provided on this application is true and complete. I understand that should this application contain any false or misleading information, my application may be rejected or my service with the Emergency Services Department may be terminated.

Signature: _____

Date: _____

(for electronic submissions please type name)

Save and email to: hr@stclairtownship.ca