



## APPLICATION FOR THE POSITION OF VOLUNTEER FIREFIGHTER

*Please Fill Out Completely / Confidential When Completed*

**Location Applied For:** *(Select the fire station closest to your residence)*

☐ **Station 61** – Beamsville   ☐ **Station 62** – Campden   ☐ **Station 63** – Vineland   ☐ **Station 64** – Jordan

### PERSONAL INFORMATION

<b>Last Name</b>		<b>Given Name(s)</b>	
<b>Address</b>			<b>Postal Code</b>
<b>Home Telephone</b>		<b>Work Telephone</b>	
<b>Cellular Telephone</b>		<b>Email</b>	
<b>Are you able to read, understand, and speak English fluently?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you legally eligible to work in Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you meet the Minimum Eligibility Requirements?</b> <i>(Refer to Recruiting Information Guide)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you ever been convicted of a criminal offence for which you have not received a pardon?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Explain:</i>		<b>Driving Distance to the Fire Station:</b> From Your Home: _____ km From Your Usual Workplace: _____ km	

### AVAILABILITY TO ATTEND FIRE CALLS

<b>Do you work shifts?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Describe:</i>
<b>Will your employer allow you to attend fire calls during working hours?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Explain:</i>

**Weekdays (Monday - Friday)** Indicate your *TYPICAL* availability (80%+ of the time). Check *ONE* box for each time slot:

Morning (6am – Noon): ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

Afternoon (Noon – 6pm): ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

Evening (6pm – Midnight): ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

Night (Midnight – 6am): ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

**Weekends & Holidays** Indicate your *TYPICAL* availability (80%+ of the time). Check *ONE* box for each time slot:

Saturday: ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

Sunday: ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

Holidays: ☐ In Town & Available ☐ Shift Work-Varies ☐ Out of Town-Delayed\* ☐ Not Available

*\*Delayed means typical response time to then fire station of greater than 10 minutes.*

EDUCATION	
Secondary School	Highest Grade/Level Completed
Post-Secondary Education/College	
Major or Specialization	Level or Degree Achieved
Post-Secondary Education/College	
Major or Specialization	Level or Degree Achieved
EMPLOYMENT EXPERIENCE	
Present Employer	Location
Position	Start Date
Supervisor Name	<b>May we contact this employer?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide telephone number:
Duties	

<b>Previous Employer</b>	<b>Location:</b>
<b>Position</b>	<b>How long were you employed there?</b>
<b>Supervisor Name</b>	<b>May we contact this employer?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Provide telephone number:</i>

<b>Duties</b>
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<b>RELATED SKILLS AND ABILITIES</b>
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<b>Do you have previous firefighting experience?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe:
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<b>Do you have other relevant skills or experiences that may apply to this position?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Describe:
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***For EACH of the following areas, indicate your skill level by circling the appropriate number:***

0 – MINIMAL: No formal experience, minimal personal knowledge or skills.  
1 – BASIC: Basic familiarity acquired through personal experience, high school level courses, and/or basic training.  
2 – WORKING: Good working knowledge, skills, experience, and/or post-secondary courses or apprenticeships.  
3 – EXPERT: Advanced skills, professional licence, recognized certification or trade, and extensive experience.

	SKILL LEVEL	PROVIDE DETAILS
Firefighting	0 1 2 3	
Rescue	0 1 2 3	
Fire Alarm / Fire Suppression Systems	0 1 2 3	
Hazardous Materials Response	0 1 2 3	
Medical / Health Sciences	0 1 2 3	
Breathing Apparatus / SCUBA	0 1 2 3	

Occupational Health & Safety	0 1 2 3	
Working at Heights	0 1 2 3	
Skilled Trades	0 1 2 3	
Building Inspections	0 1 2 3	
Radio Communications	0 1 2 3	
Public Speaking	0 1 2 3	
Teaching, Facilitation, Coaching	0 1 2 3	
Truck / Bus Driver	0 1 2 3	
Heavy Equipment Operation	0 1 2 3	
<b>LICENCES AND CERTIFICATES</b>		
<b>NFPA Certifications</b> <input type="checkbox"/> NFPA 1001 Firefighter I <input type="checkbox"/> NFPA 1001 Firefighter II <input type="checkbox"/> NFPA 1072 Haz-Mat - <i>Specify Level:</i> _____ <input type="checkbox"/> Other NFPA Certifications – <i>Specify:</i> _____		
<b>CPR – Specify Provider:</b>	<b>Expiry Date:</b>	<b>First Aid – Specify Provider:</b> <b>Expiry Date:</b>
<b>Ontario Driver's Licence – Specify Class(es):</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> M <b>Endorsement:</b> <input type="checkbox"/> Z (Air Brake) <b>Has your driver's licence ever been suspended or revoked?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>REFERENCES</b>		
<b>Provide 2 references that we may contact who have known you for at least 1 year and are not relatives:</b>		
<b>Name</b>		<b>Name</b>
<b>Relationship</b>	<b>Years Known</b>	<b>Relationship</b> <b>Years Known</b>
<b>Telephone</b>		<b>Telephone</b>

## ADDITIONAL INFORMATION

### Conditions of Acceptance:

I hereby affirm that all of the information given on, or attached to, this application is true and correct. I understand that all information provided in this application is subject to verification. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered sufficient cause for cancellation of the application, or if hired, just cause for immediate dismissal.

I authorize the Town of Lincoln to contact my references and to otherwise make such inquiries respecting the foregoing information as may be deemed necessary, and to obtain and review my volunteer firefighter medical examination report, driver's abstract, and police records check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Personal information is collected under the authority of the *Municipal Freedom of Information and Privacy Act* and will be used for candidate selection purposes only.

NWFES (Rev. Jan/24)