



11 Thorburn St. South  
P.O. Box 911  
Cayuga, Ontario NOA 1E0

Fire Department  
905-318-5932 ext. 6224

## Volunteer Fire Fighter Application

### PLEASE COMPLETE ALL SECTIONS OF THIS FORM

- Be sure to read this application carefully before completing it.
- Print clearly in black ink or complete on-line.
- Incomplete or unsigned applications will be rejected.
- If you desire, you may attach a copy of your resume.

### A - PERSONAL INFORMATION

<b>Last Name:</b>		<b>First Name:</b>		<b>Second Name(s):</b>	
<b>Address:</b>					
<b>City:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Cell #:</b>		<b>Home #:</b>		<b>Business #:</b>	
<b>Email:</b>					
<b>Are you legally entitled to work in Canada?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you over the age of 18 years?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been convicted of a crime for which you have not yet been pardoned?</b> <small>* If a conditional offer of employment is made, we will require a current police check.</small>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been employed by Haldimand County?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes, date last employed:</b>		

### B-1 EDUCATIONAL BACKGROUND

<b>Highest level of education successfully completed:</b>	
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### OTHER LICENSES AND CERTIFICATES

<b>CPR</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Expiry Date:</b>	
<b>First Aid</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Expiry Date:</b>	
<b>Defibrillation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Expiry Date:</b>	
<b>Ontario Driver's Licensee</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Expiry Date:</b>	
<b>Other:</b>			<b>Date:</b>	
<b>Other:</b>			<b>Date:</b>	
<b>Other:</b>			<b>Date:</b>	

<b>Other:</b>		<b>Date:</b>	
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If invited for an interview, please bring copies of all current certifications, licenses, and diplomas.

## B-2 RELATED SKILLS OR TRAINING

<b>Previous firefighting or emergency response experience?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Location:</b>		<b>Length of time:</b>	
<b>Previous military or police experience:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please describe:</b>			
<b>Other experience that may apply to this position:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please describe:</b>			

**Related Skills:** Indicate skill level by checking the box after the appropriate number and providing an explanation.

1. A trade, license, recognized certificate, or extensive experience
2. Advanced skill level and/or post-secondary courses or apprenticeships
3. Familiarity acquired through personal experience, high school courses, or related training

SKILL	SKILL LEVEL	EXPLANATION
<b>Mechanics</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Pumps, valves, or sprinklers</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Electrical systems</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Electronic systems</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Computer technology</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Breathing apparatus or scuba diving</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Building construction or design</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Blueprint reading</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Firefighting tasks</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Rescue procedures</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
<b>Athletic sport or skills</b>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

Languages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Occupational health & safety	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Office equipment	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Keyboarding skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Filing skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Telephone skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Public speaking	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Teaching, facilitation or coaching	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Event coordination (e.g. fundraising)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Radio communication	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Medical or health sciences	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Professional driver	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Heavy equipment operation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

**C - WORK EXPERIENCE (Beginning with current or most recent experience):**

EMPLOYER 1			
Company name:		Employment duration:	
Address:			
Job title:			
Supervisor:			
May we contact this employer?		If yes, phone #:	

EMPLOYER 2			
Company name:		Employment duration:	
Address:			
Job title:			
Supervisor:			
May we contact this employer?		If yes, phone #:	

EMPLOYER 3			
Company name:		Employment duration:	
Address:			
Job title:			
Supervisor:			
May we contact this employer?		If yes, phone #:	

**Please submit your application for employment to the attention of the Fire Department**

Emergency Services Headquarters - 11 Thorburn Street South, PO Box 911, Cayuga ON NOA 1E0  
905-318-5932, ext. 6224 - [emergencyservices@haldimandcounty.on.ca](mailto:emergencyservices@haldimandcounty.on.ca)

**Conditions of Acceptance:**

- I affirm and certify that the information given on, or attached to, this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.
- I authorize the Manager of Emergency Services/Fire Chief or designate to contact my references or previous employers as indicated.
- I understand that, as a condition of employment, I am expected to complete a Physical Demands Analysis as directed by the County. A firm offer of employment will be contingent on meeting the physical requirements of the position.
- I understand that a conditional offer of employment will include the requirement to provide Haldimand County with a current police check, driver abstract, medical report, and proof of full COVID-19 vaccination status.

\_\_\_\_\_  
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. This application form complies with the Ontario Human Rights Code.