



The Corporation of the Township of Puslinch



Application for Volunteer Firefighter

READ THIS DOCUMENT CAREFULLY

1. A completed application form must be submitted to hr@puslinch.ca.
2. Information on this form is not intended to be in contravention of the principles or intent underlying the Human Rights Code and will not be used as the basis of discriminatory treatment.
3. **All pages must be completed in full, or the application will be rejected.**

PERSONAL INFORMATION

Last Name	First Name	Home #	Cell #
Email address			
Actual Street Address (required for application to be considered) *			
Address (number + street name)	Apt #	City	Postal Code
Mailing Address – if different from above:			
Ex: rural route, etc.			

**Applicants must live within the “primary response area” (5 km radius) of the Puslinch Fire Station.*

<p>Are you legally entitled to work in Canada? (Those legally entitled are Canadian Citizens; Landed Immigrants and those who hold a work permit.)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Have you ever been convicted of a criminal offence for which a pardon has <u>not</u> been granted? *</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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** In order for your application to be considered, you must not have a criminal conviction for which a pardon has not been granted at the time of application.*

EMPLOYMENT EXPERIENCE

Name of Employer	Address	Telephone #
Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Name of Employer	Address	Telephone #
Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Name of Employer	Address	Telephone #
Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Name of Employer	Address	Telephone #
Position Held	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

OTHER EXPERIENCE

Volunteer Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	Number of Years/months:
Previous Firefighter experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	Number of Years/months:
Military or Police Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	Number of Years/months:
Additional Comment on any related experience:		

Will your current employer permit you time off to attend Fire calls during work hours?

YES NO

DRIVING EXPERIENCE (application will be rejected if applicant has more than three (3) demerit points)

Do you currently hold a valid Ontario Driver's License? YES NO Is your Driver's License currently revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO	Driver Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> M Endorsement: <input type="checkbox"/> Z (Air Brake)
Have you had any experience or training driving heavy vehicles? YES NO	If yes, please explain:
Have you any other special driving skills? YES NO	If yes, please explain:

FIREFIGHTER APPLICANT'S SKILL INVENTORY

*Indicate your knowledge or experience in the skill areas listed by checking the appropriate box below

- Skill Level 1:** A Trade License or recognized certificate is held, or significant professional experience has been acquired. Proof must be submitted upon request.
- Skill Level 2:** Skills are at an advanced level, acquired through relatively intensive personal involvement and/or post-secondary courses
- Skill Level 3:** Some familiarity and competence has been acquired through personal experience, high school course or other training of a relatively informal nature

Skill Level

	1	2	3	N/A		
Certified Trade (mechanic, plumber, electrician etc.)						
Cardio-Pulmonary Resuscitation (CPR)						
Coaching/Teaching / Counseling/Recreation Leadership						
Community College Firefighter Preparation Courses						
Computer Technology / Information Systems						
Fire Safety Systems – Courses or experience						
First-Aid Course / Nursing Certificate						
Knowledge of Breathing apparatus (scuba diving etc.)						
Occupational Health and Safety						
Rescue Procedures (lifeguard, auto extrication etc)						
Semi-Automatic / Automatic Defibrillation Training						

Please list any additional skills, education, or experience that you feel would benefit you as a volunteer firefighter:

REFERENCES

For reference purposes, may we approach your present/last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your former employer(s)? Yes No
List <i>career-related</i> references and telephone numbers if different from those listed as present and former employers. Do not include family members.
1. _____
2. _____
3. _____

RELEASE

I certify that the information contained in this application is true and complete, to my knowledge. I understand that any omission, misrepresentation, or false information on this application form may disqualify me from my employment or cause my immediate dismissal.

I understand that I may be required to provide legal proof of my ability to work in Canada and submit to a medical examination if a conditional offer of employment is made.

I authorize the above-named individuals, current and previous employers (except as specifically excluded above) to provide you with any relevant information you require. In consideration of the acceptance of this application, I release the Corporation of the Township of Puslinch and all previous and current employees of any and all liability arising out of such response and disclosure of information.

Note: a copy of this release may be provided to individuals or employers when your references are checked.

Signature

Date



The Corporation of the
Township of Puslinch



Availability for Volunteer Firefighters

PERSONAL INFORMATION

Last Name	First Name	Home #	Cell #
Email address			
Address (number + street name)		Apt #	City
Postal Code			
<i>Mailing Address – if different from above:</i>			
Ex: rural route, etc.			

Availability – Please complete the chart below to indicate your availability to respond to call-outs. Use the “Comments” section to provide additional details regarding your availability. (e.g., work location is close to station, work arrangements allow you to respond during daytime hours etc.)

Weekdays – Mon – Fri	Available?				COMMENTS
	YES or NO				
Midnight – 8:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8:00 a.m. – 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5:00 p.m. - Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Weekends – Sat / Sun	Available?				COMMENTS
	YES or NO				
Midnight – 8:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8:00 a.m. – 5:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5:00 p.m. - Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature

Date