



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 #: _____

Home Address (required for application to be considered)*:

Number	Street Name	Apt#	City	Postal Code
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Mailing Address – if different from above:

Number	Street Name	Apt#	City	Postal Code
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**Applicants must live within the "primary response area" (8 km radius) of the Puslinch Fire Station.*

Are you legally entitled to work in Canada?

(Those legally entitled are Canadian Citizens; Landed Immigrants and those who hold a work permit.)

☐

YES

☐

NO

Have you ever been convicted of a criminal offence for which a pardon has not been granted? *

☐

YES

☐

NO

** 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.*

RECENT EMPLOYMENT EXPERIENCE

Employer #1

Name of Employer: _____ Address: _____

Telephone #: _____ Position Held: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Employer #2

Name of Employer: _____ Address: _____

Telephone #: _____ Position Held: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Employer #3

Name of Employer: _____ Address: _____

Telephone #: _____ Position Held: _____

Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

OTHER EXPERIENCE

Volunteer Work: ☐ Yes ☐ No Number of years/months: _____

If yes, please explain: _____

Previous Fire Fighter Experience: ☐ Yes ☐ No Number of years/months: _____

If yes, please explain: _____

Military or Police Experience: ☐ Yes ☐ No Number of years/months: _____

If yes, please explain: _____

Additional Comments 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 Drivers Licenes: ☐ Yes ☐ No

Driver Class: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ G1 ☐ G2 ☐ M

Endorsement: Z (Air Brake)

Is your drivers license currently revoked or suspended: ☐ Yes ☐ No

Have you had any experience or training driving heavy vehicles: ☐ Yes ☐ No

If yes, please explain: _____

Do you have 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

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

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? ☐ Yes ☐ No
Your former employer(s)? Yes No
List *career-related* 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: _____

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Number Street Name Apt# City Postal Code

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**Applicants must live within the “primary response area” (8 km radius) of the Puslinch Fire Station.*

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 – Fr	Available? YES or NO				COMMENTS
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? YES or NO				COMMENTS
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