The Corporation of the

Township of Puslinch

Auxiliary Firefighter Program - Recruitment Application

Information collected through this application will be used in accordance with the Ontario Human Rights Code. Please read and complete the application in full and submit a copy to hr@puslinch.ca by the closing date and time. Incomplete applications may be rejected.

PERSONAL INFORMATION

Last Name: _____

First Name: _____

Phone Number: _____

Email Address: _____

Home Address (*applicants must live within an 8 km radius of the Puslinch Fire Station)*

_____

House Number Street Name City/Township Postal Code

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? (*To be eligible for consideration, applicants must not have any outstanding criminal convictions for which a pardon has not been granted at the time of application).* **YES** **NO**

The Corporation of the

Township of Puslinch

Auxiliary Firefighter Program - Recruitment Application

WORK EXPERIENCE

Please highlight experience relevant to the Auxiliary Firefighter Program, including emergency response, public safety, customer service, teamwork, leadership, physical work, equipment operation, or working in challenging environments

Employer: _____

Job Title/Position: _____

Dates Employes (From – To): _____

Full-time or Part-Time: _____

Key Responsibilities: _____

_____

Employer: _____

Job Title/Position: _____

Dates Employes (From – To): _____

Full-time or Part-Time: _____

Key Responsibilities: _____

_____

Employer: _____

Job Title/Position: _____

Dates Employes (From – To): _____

Full-time or Part-Time: _____

Key Responsibilities: _____

_____

The Corporation of the

Township of Puslinch

Auxiliary Firefighter Program - Recruitment Application

DRIVING EXPERIENCE AND SKILLS INVENTORY

1. Do you currently hold a valid Ontario Drivers Licences in good standing? YES NO
2. Class of Drivers Licences: A B C D E F G M
    a. Endorsement: Z (Air Brake)
3. Do you have any experience or training driving heavy vehicles/equipment? YES NO
    a. If yes, please explain: _____
4. Do you have any other special driving skills? YES NO
    a. If yes, please explain: _____

Indicate your knowledge/experience in the skill areas listed by circling the most appropriate skill level based on the following:

Level 1 - Basic: Some knowledge, training, or exposure; requires guidance

Level 2 - Intermediate: Can perform independently in routine situations; may require assistance with complex tasks.

Level 3 - Advanced: Extensive experience; performs independently and confidently, including in complex situations.

Certified Trade (mechanic, plumber, electrician, etc.)	1	2	3	N/A
Cardio-Pulmonary Resuscitation (CPR)	1	2	3	N/A
Semi-Automatic/Automatic Defibrillation Training	1	2	3	N/A
First-aid Course/Nursing Certificate	1	2	3	N/A
Coaching/Teaching/Counselling/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

The Corporation of the

Township of Puslinch

Auxiliary Firefighter Program - Recruitment Application

Fire Safety Systems – Courses or experience	1	2	3	N/A
Knowledge of breathing apparatus (scuba diving, etc.)	1	2	3	N/A
Occupational Health and Safety Training/Experience	1	2	3	N/A
Rescue Procedures (lifeguard, auto extrication, etc.)	1	2	3	N/A

Do you currently hold any firefighter training or certification based on applicable NFPA standards? YES NO

If yes, please indicate:

☐ NFPA 1001 – Firefighter I

☐ NFPA 1001 – Firefighter II

☐ Other firefighter training/certification: _____

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The Corporation of the

Township of Puslinch

Auxiliary Firefighter Program - Recruitment Application

Applicant Declaration

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any omission, misrepresentation, or false information may result in the disqualification of my application or, if selected for the Auxiliary Firefighter Program, removal from the program.

I understand that, if selected, I may be required to provide documentation confirming my eligibility to work in Canada and successfully complete any required medical, physical, or other assessments related to the Auxiliary Firefighter Program.

I understand that meeting the minimum qualifications does not guarantee selection to the Auxiliary Firefighter Program and that selection is based on the established recruitment and assessment process.

Applicant Name (print): _____

Signature: _____

Date: _____