Township of Selwyn
Fire Department

Application Form

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, the information gathered is collected under the authority of the Municipal Act and will only be used for the purpose of determining eligibility for employment as a Volunteer Firefighter.

Questions about this collection of personal information should be directed to the HR Coordinator of the Township of Selwyn by emailing kberry@selwyntownship.ca or by calling 705-292-9507 ext. 244.

Name: _____ _____
            Surname   Given   Initial

Address:

_____

Phone: Home: _____ Work: _____

Email: _____

Occupation: _____ Driver License Type: _____

Employment History

Name of current Employer: _____

Address: _____

Duties/Responsibilities: _____

_____

_____

Past Employer: _____

Address: _____

Duties/Responsibilities: _____

_____

Have you discussed with your employer the fact that you are applying for a position with the Township Fire Department? Yes [ ]   No [ ]

Is your current employer willing to allow your attendance at emergency calls during working hours?   Yes [ ]   No [ ]

_____

<u>Education</u>

Secondary School: _____ Diploma: _____

_____ _____

College/University: _____ Diploma: _____

_____ _____

_____ _____

Courses/Workshops/Seminars:_____

_____

_____

_____

FirstAidTraining/Certificates:_____

_____

_____

Please list any relevant training or experience you possess that you feel would be beneficial to the Department, e.g.-fire suppression training, first aid, S.C.B.A. certification, Class "D" license, etc.:

_____

_____

_____

_____

_____

Please list any special skills or abilities that you possess which you feel would be beneficial to the Department.

_____

_____

_____

Are you available to respond to emergencies during specified times? Specify the times.

The day time?   Yes [ ] No [ ] _____

The night?   Yes [ ] No [ ] _____

The weekend?   Yes [ ] No [ ] _____

Please provide three (3) character references that we may contact:

Name:_____Phone:_____Relationship: _____

Name:_____Phone:_____Relationship: _____

Name:_____Phone:_____Relationship: _____

I _____authorize the Township of Selwyn to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.

Selected applicants will be interviewed by an interview panel that will include representatives of the Fire Department Chief Officers, the Township Human Resources Coordinator (or an appointed designate) and other Senior Officers as required.

Applicants shall be subject to a physical examination by a licensed medical practitioner approved by the municipality at the applicant's expense.

Applicants shall be required to supply a Criminal Records Check and Pardoned Sexual Offender Database Search as defined in Section 6.3(1) of the Criminal Records Act. (Cost if any to be reimbursed to the applicant if hired.)

Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant's Name:

_____
(Please Print)

Applicant's Signature: _____Date: _____