



North River Fire Department FIREFIGHTER APPLICATION

IMPORTANT: Please read the following instructions before completing this application.

1. The information on this form is being collected to process your application for employment in accordance with the Freedom of Information and Privacy Act and used under the authority of the Municipal Act for the purpose of determining your eligibility for employment.
2. All questions must be answered in full and copies of all related licenses, certificates, diplomas and other proofs of completion must be attached. You may submit a resume although all applicants must complete this form.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
3. Please PRINT clearly when completing this application form.
4. Submit completed application form using ONE of the following three methods:

DROP OFF:

North River Fire Hall
(Placed in mail slot in front door)

FAX TO:

628-6341

Hours of Operation:

Tuesdays 7:30-10:00 PM

Sundays 1:00-5:00 PM

PERSONAL INFORMATION:

Surname	Given Name(s)	Home #	Cell #
Street Name + Number	Apt #	City	Postal Code
Email Address:	Length of time at this address (months / years):		

MAILING ADDRESS – If different from above:

EG: Rural Route Address, PO Box. etc.

CURRENT WORK STATUS: (choose ALL applicable):

<input type="checkbox"/> Work Full Time	<input type="checkbox"/> Work Part Time	<input type="checkbox"/> Unemployed / Retired
<input type="checkbox"/> Work Mon-Friday Day Shift	<input type="checkbox"/> Work P/T Mon-Friday Day Shift	<input type="checkbox"/> Available Daytime
<input type="checkbox"/> Work Weekends	<input type="checkbox"/> Work P/T Weekends	<input type="checkbox"/> Available on Weekends
<input type="checkbox"/> Shift Work (7days/week)	<input type="checkbox"/> Shift Work P/T (7days/week)	<input type="checkbox"/> Available Anytime
Work Requires you to work out of Town		
<input type="checkbox"/> On Occasion	<input type="checkbox"/> Monthly	<input type="checkbox"/> Seasonally
Place of Employment		
<input type="checkbox"/> In your response area	<input type="checkbox"/> Not in your response area	<input type="checkbox"/> Ability to leave work to respond

EDUCATION AND ADDITIONAL EDUCATION INITIATIVES:

Name & Location of School or Institution	Course Program / Major Field	Degree, Diploma, Certificate attained	Dates: Started/Completed		Did you Graduate	
					Yes	No
High School						
Post Secondary						
Other						
Current Cardio-pulmonary Resuscitation (CPR) <input type="checkbox"/> Yes <input type="checkbox"/> No		Current First Aid Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical First Responder Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fire Related Courses	List courses taken and attach copies of certificates.					
Miscellaneous Courses (Scuba Diving, Confined Space, Climbing, Water Rescue, etc.)	List courses taken and attach copies of certificates.					
Miscellaneous Skills or Experience	Please list miscellaneous skills or experience that you think would benefit you as a firefighter (athletic skills, teaching experience, etc.)					
If any educational certification is from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom:						

DRIVING EXPERIENCE:

Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Class <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Air Brake Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License No.	Province
Have you any other special driving skills? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:		
Do you possess or have access to own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:		

Are you legally entitled to work in Canada? (Canadian Citizen or Landed Immigrant) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYMENT EXPERIENCE: (in chronological order – starting with most recent)

Name of Employer		Address		Phone No.	
Position		Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
Supervisor's Name and Position				Phone No.	
Duties:					
Name of Employer		Address		Phone No.	
Position		Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
Supervisor's Name and Position				Phone No.	
Duties:					
Name of Employer		Address		Phone No.	
Position		Start Date (mm/dd/yyyy)		End Date (mm/dd/yyyy)	
Supervisor's Name and Position				Phone No.	
Duties:					
Other Employers	Address		Position	From: YY/MM	To: YY/MM

Do you have any relatives who is/are a Firefighter with any other Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list.		
Name	Relationship	Fire Department

GENERAL INFORMATION:

Do you participate in sports? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Number of years:	Number of months:
Do you participate in a regular exercise program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Number of years:	Number of months:
Community Volunteer Work (other than fire) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Number of years:	Number of months:
Military or Police Service <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Number of years:	Number of months:
Previous Firefighting Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	Number of years:	Number of months:
What leisure or recreational activities do you pursue (indicate frequency and for how many years)			

Do you have any physical limitations or health problems that may affect your performance as a firefighter?
 Yes No If yes, provide details:

Please explain briefly:

A) Your reasons for wanting to become a firefighter.

B) Why you consider yourself suited for this position.

Check off the appropriate box below if you have included the following documents:

<input type="checkbox"/> Copy of Valid PEI Driver's License	<input type="checkbox"/> Driver's Abstract
<input type="checkbox"/> Copy of Birth Certificate or other proof of entitlement to work in Canada, i.e. Passport	<input type="checkbox"/> Post Secondary Education, Training, Apprenticeship (Copy of Certificate, Diploma, Degree)
<input type="checkbox"/> Copy of High School Diploma	<input type="checkbox"/> Other proof or certificates of competition (list below)
<input type="checkbox"/> Copy of First Aid / CPR / MFR Certificate	
<input type="checkbox"/> Copy of Certificate of Fire Service related course / program	

APPLICANT'S DECLARATION

(Please read carefully before signing)

I hereby certify:

1. That I understand that omissions or misrepresentation made on this application or other documentation and /or tests related to employment will be sufficient cause for cancellation of my application and, if employed, for dismissal from the North River Fire Department.
2. That I understand:
 - I will provide proof of Canadian citizenship / landed immigrant status, proof of education, first aid certification, licenses and an up-to-date Driver's abstract;
 - My signature on this form is my permission to contact my present/past employers to obtain references;
 - As a condition of employment, I am required to satisfactorily complete a medical examination, a criminal record search, a reference check and a physical abilities test;
 - There is a probationary period during which my performances and suitability for this position will be reviewed.

Applicant's Signature

Please print name

Date

Only those applicants being considered for an interview will be contacted.

Signature of Employer for Permission to leave work for Emergency Calls

Employer's Signature

Please print name

Date

Signature of Spouse for understanding your application to be a Firefighter

Spouse's Signature

Please print name

Date