



# West Nipissing Fire & Emergency Service

## Paid On Call Firefighter

### Application

1. Applications must be completed and submitted to the West Nipissing Fire & Emergency Service
2. All pages of the Application Form must be completed in full or the application will not be considered.
3. Resumes may accompany the application forms but will not be substituted as a formal Application Form.

**Personal Information**

<i>Last Name</i>		<i>First Name</i>	
<i>Home Phone</i>		<i>Cell Phone</i>	
<i>Business Phone</i>		<i>E-mail Address</i>	

*Residence Address, must include 911 identifier to match application to relevant station*

<i>Street / 911 Address</i>		<i>Apt, PO Box or Rural Route #</i>	
<i>City</i>		<i>Postal Code</i>	

*Mailing Address, if different from above*

<i>Street / 911 Address</i>		<i>Apt, PO Box or Rural Route #</i>	
<i>City</i>		<i>Postal Code</i>	

**Education**

<i>Grade 12 (or equivalent)</i>	
<i>College</i>	
<i>Fire-fighter Pre-Course (College)</i>	
<i>Other, Fire-Related Courses or Training</i>	

**Employment Experience** (Please provide for the past two years (attach additional sheet(s) if needed)

<i>Employer's Name</i>		<i>Position Held</i>	
<i>From</i>		<i>To</i>	
<i>Employer's Name</i>		<i>Position Held</i>	
<i>From</i>		<i>To</i>	

Additional sheet(s) attached Yes  No

**References (Provide one professional and one personal reference)**

Professional Reference (employer, supervisor, coworker...)		
Last Name	First Name	Contact Number
Alternate Contact Number		Relationship to the reference
May we contact this reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Personal Reference (Neighbor, Family Member, Friend ...)		
Last Name	First Name	Contact Number
Alternate Contact Number		Relationship to the reference
May we contact this reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Other Experience**

Previous /Current Firefighting		Number Years/Months	
Volunteer or Community Work		Number Years/Months	
		Number Years/Months	
Other		Number Years/Months	
		Number Years/Months	

Additional Comments on related work or volunteer experience:

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**Driving Experience (Minimum Valid Ontario Class "G" Drivers Licence Required)**

Class "G" Driver's Licence Number	
Class "D" or above (please indicate class)	
Airbrake "Z" endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any previous experience or training in driving heavy vehicles? If yes, please specify:

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Do you have any driving convictions? If yes, please specify:

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Do you have any medical conditions that could hinder your ability to perform firefighting duties?  
If yes, please specify.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Do you possess certification or training in any of the following areas?

CPR (Cardio-pulmonary resuscitation)		First Aid		Other medical training (please explain below)	
A Certified Trade (mechanic, electrician, etc)		Leadership courses		Computer Technology/Electronics	
Fire Safety Systems (alarms, extinguishers)		Knowledge of breathing apparatus (scuba diving, etc)		Occupational Health and Safety	
Rescue procedures (lifeguard, auto extrication)		AED / Defibrillation Training		Other (please state below)	

Please utilize this area for additional relevant certifications.

**Declaration: I understand and agree:**

1. The information contained in this application is true and complete.
2. I am legally entitled to work in Canada.
3. If a successful applicant, I will abide by the process and hiring requirements.
4. That, if a successful candidate, I must observe all rules, regulations and instructions governing employment by the Municipality of West Nipissing in effect at the time of employment, or as established at any subsequent time.
5. That I must attend 70% of regular training sessions at assigned Hall(s) and complete mandatory training programs as required by departmental policies and procedures.
6. That I must attend incidents in my assigned station primary response area as required by departmental policies and procedures.
7. That all uniforms, gear, protective clothing, equipment and supplies that may be issued to me remain the property of the Fire Service, and will be maintained and cared for by me in accordance with departmental policies and procedures, and returned to the Fire Service upon resignation or termination of my employment. I further understand that I may be held responsible for equipment damaged due to neglect.
8. In completing and signing this form, I give my consent to the municipality to collect and use the information contained within for the purposes of employment and understand that this information is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act, as amended from time to time.*

Applicant Signature	
Print Name	
Date of Signature	

**Office Use Only:**

Date Received	Date Recorded and Filed
Resolution of Application:	