



# Firefighter Application Form



## PERSONAL DATA

Last name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

To determine your qualification for employment, please complete the following questions:

Are you eligible to work permanently in Canada?  Yes  No

All new employees are required to be fully vaccinated (2 doses plus 14 days) against COVID-19 or have an approved exemption under the policy. Do you have any concerns with this requirement?  Yes  No

Do you understand that as a condition of Conditional Offer, you will be required to provide a satisfactory Criminal Record Check?  Yes  No

Are you certified NFPA 1001 Fire Fighter I and II from an IFSAC or Pro Board?  Yes  No

Have you successfully completed all of Phase 1, 2, and 3 from the OFAI Candidate Testing Services Program?  Yes  No

Are all OFAI Certificates currently valid?  Yes  No

**If no**, please provide details about when you have scheduled the certification for:

What is your OFAI registration number? \_\_\_\_\_

Do you have a Valid Standard First Aid and "Basic Rescuer" CPR (Level C)?  Yes  No

Do you have a Valid Class D" Ontario Driver's License with "Z" endorsement?  Yes  No

Are you able to work a 24 hour shift schedule that involves working weekends and holidays, with an average of 42 hours per week?  Yes  No

It is a requirement of this position that you are able to respond and report to the fire station in an emergency situation within 30 minutes when off duty, will this cause you any concerns?  Yes  No

What is your highest level of Education?

High School Diploma  Community College Diploma  University Degree

What field did you study? \_\_\_\_\_

Do you have a Trade Certification recognized by the Ontario College of Trades?  Yes  No

Please specify:

Do you have an EMCA Designation?  Yes  No

Do you have other valid certifications directly related to firefighting?  Yes  No

**If yes**, please list certifications:

Do you have Advanced Emergency Medical Training?  Yes  No

Please specify:

Do you have previous experience in:

- Emergency Service  Yes  No
- Construction  Yes  No
- Mechanical  Yes  No
- Military  Yes  No
- Large vehicle operation  Yes  No
- Fire Fighting  Yes  No, please provide details:

Please provide a brief summary of your Community Service Involvement: