



BURK'S FALLS & DISTRICT FIRE DEPARTMENT
168 Ontario Street, P. O. Box 70, Burk's Falls
Ontario P0A 1C0

VOLUNTEER FIREFIGHTER APPLICATION FORM

PERSONAL INFORMATION:

Surname: _____ Given Name(s): _____ Initial: _____

Street address of residence: _____
no. street community postal code

How long have you lived at your current address?: _____

If less than 2 years where did you reside previously?: _____

Home phone: _____ Cell phone: _____

Work phone: _____ ext: _____

Email address: _____

REFERENCES:

Provide the name address and telephone number of at least two persons who we may refer to. These persons may not be relatives or employers.

1. _____
years known: _____ nature of relationship: _____

2. _____
years known: _____ nature of relationship: _____

DECLARATION: Read the following carefully and sign and date the page at the bottom.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from membership in the fire department, or if I become a member may be cause for my dismissal.

Signature: _____ Date: _____

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used only for employment assessment purposes as a volunteer firefighter in the Burk's Falls & District Fire Department. Questions about this collection should be directed to the Fire Chief at 162 Huston Street, Burk's Falls Ontario P0A 1C0 705-382-4010.

REMINDER: Have you included copies of information, certificates or other items where required?



BURK'S FALLS & DISTRICT FIRE DEPARTMENT
168 Ontario Street, P. O. Box 70, Burk's Falls
Ontario P0A 1C0

VOLUNTEER FIREFIGHTER APPLICATION FORM

Are you legally eligible to work in Canada?

Yes No

Are you at least 18 years of age?

Yes No

Do you have a valid driver's license? (Minimum of "G" required) Yes No Type _____

Do you own a motor vehicle that is available to you at all times? Yes No

Do you live in the urban or rural area? Urban Rural

Will you be able to participate in scheduled weekly training sessions? Yes No

If no, explain: _____

Are you "comfortable" with the sight of blood and injured persons? Yes No

If no explain: _____

It is important that your employer is aware that you have applied to be a volunteer firefighter, as it may require you to be away from your employment at various times, depending on your schedule.

Have you spoke with your employer regarding applying for this position? Yes No

If you advance to the final stages of the recruiting process, a letter from your employer stating that they are aware of your intentions and commitment as a volunteer firefighter will be required to be submitted with final paperwork.

Will your employer allow you to leave work to attend emergencies? Yes No

If no explain: _____

When not at work, do you remain local and will you be available to attend emergencies?

always usually sometimes seldom

Explain: _____

Business, Trade, or Technical School: Name of course: _____

Length of course: _____ License, certificate or diploma awarded?: Yes No

Community College: Name of program: _____

Length of course: _____ Certificate or diploma received?: Yes No



BURK'S FALLS & DISTRICT FIRE DEPARTMENT
168 Ontario Street, P. O. Box 70, Burk's Falls
Ontario P0A 1C0

VOLUNTEER FIREFIGHTER APPLICATION FORM

University:

Institution name: _____ Location: _____

Major subject: _____ Minor: _____

Degree awarded: _____ year: _____ Distinction?: _____

Other licenses, certificates, tickets, papers, degrees, etc: NOTE: Attach copies where appropriate.

Other related skills: Please describe any other skills, experiences or training that are relevant.

EMPLOYMENT:

Name of your current or last employer: _____

Employer's mailing address: _____

Street address of your work location: _____

Type of business: _____ How many employees?: _____

Your job: _____ How long have you worked there?: _____

Your duties and responsibilities: _____

What is your work schedule?: _____

Name of your supervisor: _____ Phone number: _____

If you have been with your current employer less than 2 years, please provide details of prior employer.

Name of your current or last employer: _____

Employer's mailing address: _____

Street address of your work location: _____

Type of business: _____ How many employees?: _____

Your job: _____ How long have you worked there?: _____

Your duties and responsibilities: _____

What is your work schedule?: _____



BURK'S FALLS & DISTRICT FIRE DEPARTMENT
168 Ontario Street, P. O. Box 70, Burk's Falls
Ontario P0A 1C0

VOLUNTEER FIREFIGHTER APPLICATION FORM

Name of your supervisor: _____ Phone number: _____

OTHER INFORMATION:

If you have any additional information that you feel is relevant you may provide it here or on attached sheet(s).
If using an attached sheet(s) please place your name and the date on every sheet. Do not attach a resume.

“We are an Equal Opportunity Employer”