



## Application Form Please Print

Drop off at 10486 Hwy 124 or email to [firechief@sundridge.ca](mailto:firechief@sundridge.ca)

### Personal Information

Confidential when completed

Last Name

Given Name

Initial

Mailing Address  
Box #

Street Address

Municipality

Telephone

Cell Phone

Work

Email:

Is your significant other aware of your application? Y\_\_\_ N\_\_\_

In what area of the Fire Service would you prefer to work:

Firefighting  Fire Prevention  Public Education  Medical Response

### Availability

I am available for duty as follows

Days  Evening/Nights  Monday Evening (Training)  Saturday  Sunday  Statutory Holidays

### Education

Do you possess an Ontario Secondary School Diploma (OSSD-Grade 12) or academic Equivalency?

Yes  No  In progress

Post Secondary Education:

Major or Specialization:

Level or Degree Achieved

Post Secondary Education:

Major or Specialization:

Level or Degree Achieved

**Experience**

Previous firefighting or emergency response experience?

Yes  No Describe:

Please check all areas that you have previous work experience:

Fire suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heavy Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No	None of the Above	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Licences and Certificates**

Standard First Aid Certificate  Yes, and valid  Yes, but expired  No, but am willing to work toward obtaining

AED Certificate  Yes, and valid  Yes, but expired  No, but am willing to work toward obtaining

CPR "C" Level Certificate  Yes, and valid  Yes, but expired  No, but am willing to work toward obtaining

Please indicate the valid licence(s) held  A  B  C  D  F  Z  G  \_\_\_\_\_ Expiry Date:

**Job Requirements, Duties and Responsibilities**

This position requires the following. Are you willing and able to perform the following duties?

Duty	Willing	Able
Team Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifting, pulling, pushing, dragging, carrying excessive weight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decision Making	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handles Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deals with Uncertainty	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objectivity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Integrity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work at heights	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work in darkness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work in confined spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wear supplied safety equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work with others	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuous Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment and apparatus inspection, test and maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire prevention and public education programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respond to emergencies including but not limited to fires, motor vehicle accidents, medical emergencies, ice/water rescues, natural disasters, hazardous material incidents, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Acknowledgement of Duties, Responsibilities and Other Requirements

I acknowledge that I am aware of and in agreement to the duties, responsibilities and other job requirements as outlined above. I understand that in the position I am expected to be professional and take pride in my work. I understand that the duties listed above are not to be construed as all inclusive. Yes

### Work Environment

Work in emergency conditions frequently involves considerable hazards. Are you willing/able to work in these conditions?  Yes  No

This position may require the incumbent to work in various sites within The Township of Strong, Village of Sundridge, The Township of Joly and neighbouring communities. Are you willing to work at various locations? Yes  No

### Employment Experience

Present Employer:

Name:

Address:

Telephone:

May we contact this employer?

Yes  No

Do you work shift work

Position:

How long have you been employed there?

Duties:

Will your employer allow you to attend emergency calls during working hours?  Yes  No

<p>Previous Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Position:</p> <p>How long were you employed there?</p> <p>Duties:</p>
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<p>Previous Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Position:</p> <p>How long were you employed there?</p> <p>Duties:</p>
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**Language**

This position requires the candidate to speak, read, write and understand the English language in high pressure situations.

Are you able to understand and willing to communicate using the English language as follows?

Speak  Yes    No  
Read  Yes    No  
Write  Yes    No  
Understand  Yes    No

Although not required, it would be an asset to this position if the candidate was able to speak, read, write and understand another language in high pressure situations. If you are able to do this please indicate which language(s) \_\_\_\_\_

**Volunteer/Community Service**

Have you had any community service involvement?  
If yes, please describe:

Volunteer Location	Responsibilities	Dates

## Requirements Upon Hire

To be eligible for a position, you must meet the following criteria:

Must be 18 years of age or older at the time of application. Are you 18 years of age or older?  Yes  No

Must be legally entitled to work in Canada. Are you legally entitled to work in Canada?  Yes  No

Applicants offered a position/conditional offer of employment will be required to undergo a medical exam. Employment reference checks will be conducted, documented proof of your education will be required and applicants will be required to provide a current criminal reference check, including a vulnerable sector search, proof of valid unrestricted "G" licence or higher and a driver's abstract. Applicants will be also required to provide documented proof of vaccinations.

Should an offer be extended, prior to the first day on the job, I am aware that I will be required to:

Completion of a Criminal Background and Vulnerable Sector Check with favorable results	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete a medical exam	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete a agility test	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide employment references for verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide proof of education verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of a valid unrestricted Driver's Licence and favorable results of a Drivers Abstract in good standing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide documented proof of vaccinations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Be in possession of and present a Social Insurance Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that I must live and/or work in within the geographical limits	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware that I must be clean shaven in order to wear SCBA and agree to this as a condition of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that if I have been found to have falsified credentials or have misrepresented myself, my application will be permanently closed	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am aware that if hired, in order to complete my probationary period and continue in my employment, I must obtain a valid "DZ" (or higher) drivers licence within a year.  Yes

## Disclaimer

I am aware that Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and is used to determine eligibility for potential employment.  Yes

I am aware that, in accordance with the Accessibility for Ontarians with Disabilities Act, the Village of Sundridge is pleased to accommodate individual needs of applicants with disabilities within the recruitment process. I am aware that I am to call 705-384-7378 or email [firechief@sundridge.ca](mailto:firechief@sundridge.ca) if I require an accommodation to ensure participation in the recruitment and selection process.  Yes

## Conditions of Acceptance:

I affirm and certify that the information given on, or attached to this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date