

**THE TOWNSHIP OF
SMITH-ENNISMORE-LAKEFIELD
FIRE DEPARTMENT**

Incorporated in 2000



Application Form

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, the information gathered is collected under the authority of the Municipal Act and will only be used for the purpose of determining eligibility for employment as a Volunteer Firefighter. Questions about this collection of personal information should be directed to the Fire Chief of Smith-Ennismore-Lakefield Fire Department, 833 Ward St., Box 270, Bridgenorth, ON K0L 1H0 (705) 292-7282

Name: _____
Surname Given Initial

Address: _____

Phone: Home: _____ Work: _____

Occupation: _____ Date of Birth: Year _____ Month _____ Day _____

Employment History Driver Licence Type: _____

Name of present/most recent Employer: _____

Address: _____

Duties/Responsibilities: _____

Former Employer: _____

Address: _____

Duties/Responsibilities: _____

Have you discussed with your employer the fact that you are applying for a position with the Township Fire Department? Yes [] No []

If yes, did your employer express any negative reaction:

Have you discussed with your spouse or significant other the fact you are applying for a position with the Township Fire Department? Yes [] No []

If yes, did your spouse or significant other express any negative reaction or positive reaction?

Education

Secondary School: _____ Diploma: _____

College/University: _____ Diploma: _____

Courses/Workshops/Seminars: _____

First Aid Training/Certificates: _____

Please list any relevant training or experience you possess that you feel would be beneficial to the Department, e.g.-fire suppression training, first aid, S.C.B.A. certification, Class "D" license, etc.:

Please list any special skills or abilities that you possess which you feel would be beneficial to the Department.

Are you available to respond to emergencies during specified times? Specify the times.

The day time? [Y] [N] _____

The night? [Y] [N] _____

The weekend? [Y] [N] _____

Please provide three character references that we may contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I _____ authorize the Township of Smith-Ennismore-Lakefield to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.

Potential members will be interviewed by the appropriate Officers and may be interviewed by the Fire Chief of the Smith-Ennismore-Lakefield Fire Department.

Applicants shall be subject to a physical examination by a doctor approved by the municipality at the applicant's expense.

Applicants shall be required to supply a Criminal Records Check and Pardoned Sexual Offender Database Search as defined in Section 6.3(1) of the Criminal Records Act. (Cost if any to be reimbursed to the applicant if hired.)

Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant's Name: _____
(Please Print)

Applicant's Signature: _____ Date: _____