



THE MUNICIPALITY OF
LAMBTON SHORES

Lambton Shores Fire & Emergency Services Department Part Time / On Call Firefighter Application Form

Please Print

Personal Information <i>Confidential when completed</i>		
Last Name	Given Name	Initial
Address		
Telephone	Cell Phone	Email
Emergency Contact		Emergency Contact Telephone
What position are you applying for?		
Volunteer Eligibility Requirements		
What hours would you be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet eligibility requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to understand oral and written French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other languages? Describe:
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		

Employment Experience

Present Employer: _____

Name: _____

Address: _____

Telephone: _____

May we contact this employer?

Yes No

Position: _____

How long have you been employed there?

Duties:

Previous Employer: _____

Name: _____

Address: _____

Telephone: _____

May we contact this employer?

Yes No

Position: _____

How long were you employed there?

Duties:

Previous Employer: _____

Name: _____

Address: _____

Telephone: _____

May we contact this employer?

Yes No

Position: _____

How long were you employed there?

Duties:

Volunteer Experience

Present Volunteer Organization:

Name: _____

Address: _____

Telephone: _____

May we contact this organization?

Yes No

Position: _____

How long have you volunteered there?

Duties:

Previous Volunteer Organization: _____ Name: _____ Address: _____ _____ Telephone: _____ May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____ How long have you volunteered there? _____ Duties:
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Related Skills or Experience

Previous firefighting or emergency response experience?

Yes No Describe:

Previous military or police experience?

Yes No Describe:

Other experiences that may apply to this position?

Yes No Describe:

Related Skills

Indicate skill level by circling the appropriate number and providing explanation.

- 1 - A trade, licence, recognized certificate or extensive experience.
- 2 - Advanced skills level and/or post secondary course or apprenticeships.
- 3 - Familiarity acquired through personal experience, high school courses or related training.

Mechanics	1 2 3	
Pumps, valves or sprinklers	1 2 3	
Electrical systems	1 2 3	
Electronic systems	1 2 3	
Computer technology	1 2 3	
Breathing apparatus or scuba diving	1 2 3	

Building construction or design	1	2	3	
Blueprint reading	1	2	3	
Fire fighting tasks	1	2	3	
Rescue procedures	1	2	3	
Athletic sports or skills	1	2	3	
Languages	1	2	3	
Occupational health and safety	1	2	3	
Photography	1	2	3	
Fundraising	1	2	3	
Office equipment	1	2	3	
Typing, filing or telephones	1	2	3	
Public speaking	1	2	3	
Teaching, facilitation or coaching	1	2	3	
Events coordination	1	2	3	
Radio communication	1	2	3	
Medical or health sciences	1	2	3	

Professional driver	1	2	3	
Heavy equipment operation	1	2	3	
Other Licences and Certificates				
CPR			Expiry Date:	
First Aid			Expiry Date:	
Defibrillation			Expiry Date:	
Ontario Driver's Licence Class <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Z <input type="checkbox"/> F <input type="checkbox"/> G			Expiry Date:	
Description			Date	
Description			Date	
Description			Date	
Education Background				
Elementary School Name: Highest grade/level completed:				
Secondary School Name: Highest grade/level completed:				
Post Secondary Education: Major or Specialization: Level or Degree Achieved:				
Post Secondary Education: Major or Specialization: Level or Degree Achieved:				

Please provide copies of all licences, diplomas or certificates.

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.

I authorize the Lambton Shores Fire Department to contact my references or previous employers as indicated and to obtain and review my medical assessment.

Signature of Applicant

Date

Personal information is collected under the authority of the *Municipal Freedom of Information and Privacy Act* and will be used for candidate selection purposes only. This application form complies with the *Ontario Human Rights Code*.