



APPLICATION FOR EMPLOYMENT

Station:

Position: Firefighter

Personal information on this form is collected under the authority of the Municipal Act, 2001 (S.O. 2001, C.25), and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to the Clerk, Township of Wilmot.

PLEASE PRINT ALL INFORMATION
PERSONAL RESUME IS ATTACHED YES NO

Last Name: First: Init.:

Address: Apt./Unit

Municipality: Postal Code:

Telephone: Cell: E-mail:

Generally speaking, when are you most available? Weekdays Weekends Weeknights Other

Are you between the ages of 18 and 60? YES NO

Are you presently employed? YES NO

Are you legally entitled to work in Canada? YES NO

Education:

Level	Graduate		Diploma / Certificate Available If Requested	
Junior High School (Grade 8)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Secondary (High) School	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
College	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
University	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Other Education:

Employment History:

Complete your employment history beginning with your present or most recent employer

Employer / Company Name	Address	Term of Employment FROM TO
Your Position	Your Duties	Reason For Leaving
Immediate Supervisor's Name	Immediate Supervisor's Title	

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MAY WE CONTACT ANY OF THE ABOVE FOR REFERENCE PURPOSES? YES NO

IF YES PLEASE CONFIRM WHICH WE MAY CONTACT ALL 1ST 2ND 3RD

Related Skills:

CHECK APPROPRIATE LEVEL:

1. Some familiarity and competency
2. Advanced amateur or post secondary courses
3. Certification or Professional Experience.

Auto Mechanic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Building Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Tradesperson (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blueprint Reading/Drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Lineperson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps/Valves/Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio Communication Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCUBA Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio Pulmonary Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a valid Ontario Drivers License? YES NO

Drivers License Class _____ 'Z' Endorsement YES NO

Training or Experience Operating Heavy Equipment? YES NO

Previous Firefighter Experience: **If yes, outline type of duties:** **Number of years/months:**
 YES NO

Previous Military or Police Experience: **If yes, outline type of duties:** **Number of years/months:**
 YES NO

Previous EMS Experience: **If yes, outline type of duties:** **Number of years/months:**
 YES NO

Previous Volunteer Experience: **If yes, outline type of duties:** **Number of years/months:**
 YES NO

Specify:

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Wilmot Fire Department? (Do not list any activities denoting age, ancestry or ethnic background, creed, first language marital or civil status, nationality, national or social origin/condition, physical or mental disability/handicap, place or origin, political opinion, race, religion, sex or sexual orientation.)

DECLARATION:

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be sufficient cause for dismissal.

Signature of Applicant

Date

Email application **OR** resume to HR@wilmot.ca. In the email subject line, please indicate which station you are applying to, e.g., VFF Application New Dundee