



Courses / Certificates / Specialized Skills / Trades

Description	Date

**Employment Experience**

Present Employer: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Outline your duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact the supervisor indicated above: Yes  No

Previous Employer: Name \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: from: \_\_\_\_\_ to: \_\_\_\_\_

Position Held: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Outline your duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact the supervisor indicated above: Yes  No

**Other Related Experience:**

- Do you have previous firefighting experience?  
 Yes  # of Yrs. \_\_\_\_\_ Position \_\_\_\_\_ No   
 If yes, explain \_\_\_\_\_

- Do you have military or police service?  
 Yes  # of Yrs. \_\_\_\_\_ Position \_\_\_\_\_ No   
 If yes, explain \_\_\_\_\_

- Do you have previous volunteer experience?  
 Yes  # of Yrs. \_\_\_\_\_ Position \_\_\_\_\_ No   
 If yes, explain \_\_\_\_\_

**Related Skills**

Please complete this section even if a resume is attached. Please check the level of skill appropriate.

1. Some familiarity and competence.
2. Advanced amateur or pos-secondary courses.
3. Certificates or professional experience.

<u>Skill</u>	<u>Level</u>		
	1.	2.	3.
<input type="checkbox"/> Automotive Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lineman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electronic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radio Communications Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rescue Procedures – Canadian Red Cross OR St. John's Ambulance, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Firefighting Practices and Terminology - Ontario Fire College OR - Community College, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pumps, Valves, Sprinkler Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building Trades or Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Read Blueprints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Athletic or Sports Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ice Water/Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High Angle Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Urban Search and Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Hazardous Materials Response
- WHMIS
- Occupational Health and Safety
- Coaching/Teaching/Facilitation Skills
- First Aid Course  Hold current certificate? Yes  No
- Driver's Licence  Identify Class: \_\_\_\_\_
- Have you had any experience or training in driving heavy vehicles? Yes  No
- Have you any other special driving skills or training (e.g. accident avoidance, skid control, etc.)?  Yes  No

**Explain:** \_\_\_\_\_

Do you have permission from your employer to leave your place of work immediately when the fire alarm sounds? Yes  No

Do you have a personal means of transportation to respond to fire alarms?  
Yes  No

List three references other than relatives and phone numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional information or skills you feel may be pertinent to this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application, and if I have been employed, for termination from the Corporation. I authorize the Fire Chief to make such enquiries respecting the foregoing information as may be deemed necessary.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**CONSENT WAIVER AND RELEASE FORM**

**TO: THE CORPORATION of the Municipality of Bayham and the Bayham Fire and Emergency Services.**

**WHEREAS** the Corporation of the Municipality of Bayham and the Bayham Fire and Emergency Services require that applicants for the position of Volunteer Firefighter be examined.

**AND WHEREAS** I, \_\_\_\_\_ have submitted to the Corporation of the Municipality of Bayham and the Bayham Fire and Emergency Services, my signed application for the position of Volunteer Firefighter, and have been informed that I am required to be examined for this position, and required to participate in a series of tests to demonstrate my strength, endurance and physical agility.

**AND WHEREAS**, the procedures to be followed during the said examination and said series of tests to demonstrate my strength, endurance and physical agility and have been fully explained to me;

**NOW THEREFORE**, I, for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be examined for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tests to demonstrate my strength, endurance and physical agility and I for myself, my heirs, executors, administrators or assigns, hereby waive any and all claims against the Corporation of the Municipality of Bayham and the Bayham Fire and Emergency Services that I, my heirs, executors, administrators or assigns, or any of them now or hereafter can, shall, or may have, for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of said examination and said series of tests to demonstrate my strength, endurance and physical agility, and I, for myself, my heirs, executors, administrators or assigns, do hereby remise, release and forever discharge the Corporation of the Municipality of Bayham and the Bayham Fire and Emergency Services from any and all liability claims for damages, actions, suits and demands whatsoever, which I, my heirs, executors, administrators or assigns or any of them now or hereafter and without restricting the generality of the foregoing, for or by reason of any cause, matter or thing arising out of or resulting from my participation in said examination and said series of tests to demonstrate my strength, endurance and physical agility.

**IN WITNESS WHEREOF** I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 2011.

**SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF**

Applicant Name (Please Print or Type) \_\_\_\_\_

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

Witness Name (Please Print or Type) \_\_\_\_\_

Witness Signature \_\_\_\_\_

