

MALAHIDE FIRE SERVICES

APPLICATION FOR VOLUNTEER FIREFIGHTER

Date of Application: Year/Month/Day
Station Closest to your residence: <input type="checkbox"/> Malahide # 5 (South Station) <input type="checkbox"/> Malahide # 3 - Springfield <input type="checkbox"/> Malahide # 4 – Lyons

PERSONAL INFORMATION

Applicant's Name (Surname First):
Street Address: City: Postal Code:
Resident Telephone No. : Mobile Telephone No.: Work Telephone No. :
Email Address:
Ontario Driver's License No.: <i>**(Please provide a clear copy of both sides of your Driver's License) *</i>

EDUCATION (Circle Year Completed)

Secondary School	9 10 11 12	Nature of Course:
College/University	1 2 3 4 5	
Degree/Diploma Obtained		

***Attach additional pages of Education & Training as needed.**

ADDITIONAL TRAINING

TRAINING TYPE:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NFPA 1001 Firefighter Level 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
NFPA 1001 Firefighter Level 11	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scuba Diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ice Water/Rope Rescue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
High Angle Rescue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confined Space Rescue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Urban Search and Rescue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous Materials Response	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WHMIS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OTHER: (Specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT

(Beginning with your present employer, please list separately all jobs you have held including part-time positions. You may wish to attach a resume).

Company Name:	Present/Last Position:
Street Address:	Period of Employment: From: Year/Month To: Year/Month
City: Prov: Postal Code:	Name of Supervisor:
Type of Business:	Current Hours of Work:
Company Name:	Present/Last Position:
Street Address:	Period of Employment: From: Year Month To: Year Month
City: Prov: Postal Code:	Name of Supervisor:
Type of Business:	Reasons for Leaving:

Company Name:	Present/Last Position:
Street Address:	Period of Employment: From: Year/Month To: Year/Month
City: Prov: Postal Code:	Name of Supervisor:
Type of Business:	Current Hours of Work:
Company Name:	Present/Last Position:
Street Address:	Period of Employment: From: Year Month To: Year Month
City: Prov: Postal Code:	Name of Supervisor:
Type of Business:	Reasons for Leaving:

RELATED SKILLS

INDICATE SKILL LEVEL BY CHECKING APPROPRIATE BOX BELOW AND GIVE EXPLANATION WHERE INDICATED.

- SKILL LEVEL 0 NO EXPERIENCE OR TRAINING.
- SKILL LEVEL 1 SOME FAMILIARITY AND COMPETENCE HAS BEEN ACQUIRED THROUGH PERSONAL EXPERIENCE, HIGH SCHOOL COURSES OR OTHER TRAINING OF AN INFORMAL NATURE.
- SKILL LEVEL 2 SKILLS ARE AT AN ADVANCED LEVEL, ACQUIRED THROUGH EXTENSIVE PERSONAL INVOLVEMENT AND/OR POST SECONDARY COURSES.
- SKILL LEVEL 3 A TRADE LICENSE OR RECOGNIZED CERTIFICATE IS HELD, OR SIGNIFICANT PROFESSIONAL EXPERIENCE HAS BEEN ACQUIRED. PLEASE INCLUDE COPIES OF LICENCES OR CERTIFICATES WITH YOUR APPLICATION.

	0	1	2	3
MECHANICAL-APPLICANCE/OFFICE/MOTOR/EQUIPMENT	<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"/>
BREATHING APPARATUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RADIO COMMUNICATION SYSTEMS	<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/COMPUTER TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMBING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKING FROM HEIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESCUS PROCEDURE, I.E. NURSING, LIFE GUARDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNOWLEDGE OF FIRE SAFETY PRACTICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCCUPATIONAL HEALTH & SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDINGS – INSPECTION/MAINTENANCE/DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
READING BLUEPRINTS/DIAGRAMS/CHARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATHLETICS/SPORTS/FITNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT EDUCATION INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARING AND DELIVERING PRESENTATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHING/TEACHING/RECREATIONAL LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST AID/CPR COURSE – HOLD CURRENT CERTIFICATE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EXPIRY DATE: _____ Year/Month/ Day				
SAED – HOLD CURRENT CERTIFICATE	<input type="checkbox"/> Yes <input type="checkbox"/> No			
EXPIRY DATE: _____ Year/ Month/Day				

OTHER RELATED EXPERIENCE

DO YOU HAVE PREVIOUS FIREFIGHTING EXPERIENCE?

☐ Yes - # of Years _____ Position _____ ☐ No

IF YES, PLEASE COMPLETE THE FOLLOWING:

WHERE WAS THE FIREFIGHTING EXPERIENCE OBTAINED?

☐ ANOTHER FIRE DEPARTMENT ☐ INDUSTRIAL ORGANIZATION

Name: _____

Name: _____

☐ NATURAL RESOURCES

☐ OTHER

Specify: _____

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE (EXCLUDING FIRE)?

☐ Yes - # of Years _____ Position _____ ☐ No

of Years _____ Position _____ ☐ No

of Years _____ Position _____ ☐ No

DRIVING EXPERIENCE

DO YOU POSSESS A VALID DRIVER'S LICENCE?

☐ Yes ☐ No

DRIVER CLASS

☐ A ☐ B ☐ D ☐ F ☐ G ☐ OTHER (STATE:) _____

DO YOU POSSESS VALID "Z" AIR BRAKE ENDORSEMENT?

☐ Yes ☐ No

HAVE YOU HAD ANY EXPERIENCE OR TRAINING IN DRIVING HEAVY VEHICLES?

☐ Yes ☐ No

EXPLANATION: _____

A CLASS DZ LICENSE IS REQUIRED TO OPERATE OUR VEHICLES. ARE YOU WILLING AND ABLE TO COMPLETE ANY REQUIRED TRAINING AND OBTAIN A CLASS DZ LICENSE WITHIN YOUR PROBATIONARY PERIOD?

☐ Yes ☐ No (If no please explain) _____

ADDITIONAL INFORMATION

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 ☐

REFERENCES:
(Please provide 3)

NAME: _____

DAY TIME PHONE: _____

REFERENCE TYPE: Business ☐ Personal ☐

NAME: _____

DAY TIME PHONE: _____

REFERENCE TYPE: Business ☐ Personal ☐

NAME: _____

DAY TIME PHONE: _____

REFERENCE TYPE: Business ☐ Personal ☐

ACKNOWLEDGEMENT

IN THE EVENT OF AN ACCIDENT, THE FOLLOWING SHOULD BE CONTACTED:

Name: _____

Address: _____

Relationship: _____

Home Phone No. _____ Work Phone No. _____ Cell Phone No. _____

A MEDICAL EXAMINATION IS REQUIRED UPON ACCEPTANCE TO THE FIRE DEPARTMENT AND MAY BE REQUIRED EVERY FIVE YEARS. THE TOWNSHIP OF MALAHIDE WILL REIMBURSE YOU FOR ANY COSTS IN THIS REGARD.

I am willing to complete the necessary medical examinations. ☐ Yes ☐ No

EQUIPMENT PROVIDED TO YOU DURING YOUR TENURE WITH MALAHIDE FIRE SERVICES IS THE PROPERTY OF MALAHIDE FIRE SERVICES.

I hereby acknowledge that all equipment provided to me by Malahide Fire Services will be returned should I no longer be involved with Malahide Fire Services.

Applicant's Name:

CONSENT, WAIVER AND RELEASE FORM

TO: The Corporation of the Township of Malahide and Malahide Fire Services

WHEREAS the Corporation of the Township of Malahide and Malahide Fire Services require that applicants for the position of Volunteer Firefighter be examined;

AND WHEREAS I, _____ have submitted to the Corporation of the Township of Malahide and Malahide Fire Services, my signed application for the position of Volunteer Firefighter, and have been informed that I am required to be assessed 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 assessment and said series of tests to demonstrate my strength, endurance and physical agility have been fully explained to me;

NOW THEREFORE, I for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be assessed for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tasks 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 Township of Malahide and Malahide Fire 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 assessment and said series of tasks 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 Township of Malahide and Malahide Fire Department 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 assessment and said series of tasks to demonstrate my strength, endurance and physical agility.

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____, 20__.

Witness:

_____)	_____
)	Applicant Signature
)	
_____)	_____
)	Applicant Name (please print)