

## Township of Whitewater Region Fire Department

### Application for Employment - Volunteer Fire Fighter

Last Name:	Email:	
Given Name(s):		
Address:	Driver's License #:	
Town/Postal:	Class:	Expires:
Home Phone:	Are you willing to provide a driver's abstract?	
Cell Phone:	Can you legally work in Canada?	

### Education

	Grade/years completed	Program	Degree/Diploma
High School			
Trade School			
College			
University			

Previous Firefighting experience?

Number of years \_\_\_\_\_ Position \_\_\_\_\_

Location: \_\_\_\_\_

Please provide details of your experience:

---



---



---



---



---

**First Aid/CPR/Other**

Training	Date Completed	Expiration
First Aid		
CPR		
Defibrillator		
Other		

Volunteer experience:

---



---



---

Describe an experience you had as a member of a team, either at work or in your personal life.

---



---



---

What unique skills/abilities would you bring to Whitewater Fire Department?

---



---



---

Would you be able to respond to calls 24 hours a day seven days a week? Yes \_\_\_\_\_ No \_\_\_\_\_

If not please describe any restrictions that would prevent you from being available.

---



---



---

Would your current employer allow your absence from work to respond to calls? Yes \_\_\_\_\_ No \_\_\_\_\_

---



---

**Please check the following:**

Are you able to commit to attending recruit training on Wednesday evenings and the occasional weekend throughout your first year? Yes \_\_\_\_\_ No \_\_\_\_\_

If required, could you provide a Medical Clearance Form, from a physician or nurse practitioner, clearing you to perform job-related duties? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform physical work under adverse conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to understand and follow oral and written instructions? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment History**

Name of Business:	Address:
Type of Business:	Phone/Contact:
Position:	Period of Employment:
Duties:	

Name of Business:	Address:
Type of Business:	Phone/Contact:
Position:	Period of Employment:
Duties:	

Name of Business:	Address:
Type of Business:	Phone/Contact:
Position:	Period of Employment:
Duties:	

**References**

Name	Phone/email