



**TOWNSHIP OF WOOLWICH FIRE DEPARTMENT**  
 24 Church Street West, P.O. Box 158, Elmira, Ontario N3B 2Z6  
 Tel: 519-664-2887  
 Fax: 519-664-2018

## TOWNSHIP OF WOOLWICH FIRE DEPARTMENT APPLICATION FORM

NOTICE TO APPLICANTS: You are not required to give any information on this form that is prohibited by Federal, Provincial or Municipal Law.

<b>CONTACT INFORMATION</b>			
Last Name:	First Name:	Home #:	Cell#:
Address:		Apt:	
Town:		Postal Code:	

STATIONS	LOCATION	Check all applicable stations
Conestogo	1869 Sawmill Road	<input type="checkbox"/>
Elmira	44 Howard Avenue	<input type="checkbox"/>
Floradale	50 Florapine Road	<input type="checkbox"/>
Maryhill	17 St. Charles Street East	<input type="checkbox"/>
St. Jacobs	3 Water Street	<input type="checkbox"/>

<b>Are you legal entitled to work in Canada?</b>
Those legally entitled are Canadian Citizens; Landed Immigrants are those who hold a work permit.    Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offence for which a pardon has not been granted?    Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>EMPLOYMENT EXPERIENCE</b>		
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Will your current employer permit you to attend fire calls during work hours:    Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>OTHER EXPERIENCE</b>		
Volunteer Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	Number of months/years:
Volunteer Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	Number of months/years:
Volunteer Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain:	Number of months/years:
Additional comments on related work experience:		

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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<b>DRIVING EXPERIENCE</b>	
Valid Ontario's Driver's License Number:	Driver class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> M <input type="checkbox"/>
Driver's License Expiry Date:	Is your Driver's License currently revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any experience or training in driving heavy vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Have you any other special driving skills? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:

<b>SKILL INVENTORY</b>				
Indicate Skill Level by checking the appropriate box below and give explanation where indicated.				
Skill Level 1:	A Trade License or recognized certificate is held, or significant professional experience has been acquired. Proof must be submitted (copies only).			
Skill Level 2:	Skills are at an advanced level, acquired through relatively intensive personal involvement and/or post secondary courses.			
Skill Level 3:	Some familiarity and competence has been acquired through personal experience, high school course or other training of a relatively informal nature.			
	<b>SKILL LEVEL</b>			<b>CERTIFICATE ATTACHED</b>
	<b>1</b>	<b>2</b>	<b>3</b>	
Certified Trade (mechanic, plumber, electrician, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio-pulmonary Resuscitation (CPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/teaching/counselling/recreation leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community College Firefighter preparation courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Technology/Electronic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Safety Systems – Courses or experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of breathing apparatus	<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"/>
Previous firefighting experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue procedures i.e. lifeguard, auto extrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-Automatic / Automatic Defibrillation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please list any additional skills, education, or experience that you think would benefit you as a firefighter:				
<p><i>Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980, c.302 (as amended), and will be used to determine the qualifications for employment with the Township of Woolwich Fire Department.</i></p>				

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_