



**Volunteer Fire Department
Application Form**

In accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990*, the information gathered on this form is collected under the authority of the Act and will only be used for the purpose of determining eligibility for employment as a Volunteer Firefighter with the Township of Minden Hills. Questions about this collection of personal information should be directed to the Municipal Clerk of the Township of Minden Hills, 7 Milne Street, Minden, ON, K0M 2K0 705-286-1260 ext. 205.

1. Contact Information	
Name:	
Address:	
Phone:	Email:
Occupation:	Driver's Licence Type:
2. Employment History (or submit Resume)	
Current Employer:	
Address:	
Phone:	Email:
Length of time employed: _____ years	
Duties/Responsibilities:	
Past Employer:	
Address:	
Phone:	Email:
Length of time employed: _____ years	Reason for leaving:
Duties/Responsibilities:	
3. Education/Training Information (or submit Resume)	
Secondary School:	Diploma:
College/University:	Certificate/Diploma:
College/University:	Certificate/Diploma:
Courses/Workshops/Seminars:	
First Aid Training/Certificates:	

Please list any relevant training or experience you possess that you feel would be beneficial to the Department, i.e. fire suppression training, first aid, S.C.B.A certification, Class DZ licence, etc.:

Please list any special skills or abilities that you possess which you feel would be beneficial to the Department:

4. Availability

Are you available to respond to emergencies during specified times? Please check all that apply:
 Day Time Evenings & Night Time Weekends and Holidays

Are you available to attend bi-monthly training practices with the Department? YES NO

Is your current employer willing to allow your attendance at emergency calls during working hours? YES NO

5. References

I, _____ authorize the Township of Minden Hills to contact the persons or organizations listed below for the purpose of obtaining reference information, including information contained in my personnel file. These persons are authorized to disclose such information.

1.	Name/Organization:	
	Relationship/Position:	
	Phone:	Email:
2.	Name/Organization:	
	Relationship/Position:	
	Phone:	Email:
3.	Name/Organization:	
	Relationship/Position:	
	Phone:	Email:

Selected applicants may be interviewed by an interview panel that will include representatives of the Fire Department, Chief Officers and other Senior Officers as required.

Selected applicants may be subject to a physical examination by a licenced medical practitioner, at the applicant's expense.

Selected applicants shall be required to supply a Vulnerable Sector Check and a clean Driver's Abstract, at the applicant's expense, prior to commencement of duties.

Selected applicants are subject to a twelve (12) month probationary period and are required to successfully complete minimum training requirements before full status is granted.

Applicant

_____ (Please Print)

_____ (Signature)

_____ Date