

The Corporation of the Township of Chapple

PO Box 4, 54 Barwick Road, Chapple, Ontario, P0W 1A0
PH: 807-487-2354 Fax: 807-487-2406



1.

Firefighter Application

** A Resume is optional to submit with your application, however it is preferred. A copy of your Drivers Licence must be submitted with a completed application.*

Name: _____
Address: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____
Social Insurance Number (Optional): _____

1. Are you willing to be on call (respond to calls) regularly for fire and other emergency fire department responses? YES _____ NO _____
2. Are you willing to attend the necessary training and on-going training to be a member of the Fire Department? YES _____ NO _____
3. I consider myself to be a good team player? YES _____ NO _____
4. I understand the importance of following all directions as given by the Incident Commander, following the Incident Management System Structure and why freelancing is not allowed at an emergency scene? YES _____ NO _____
5. I hold at least a DZ licence class or willing to acquire one within six months of appointment to the fire department. Yes _____ NO _____ Class Currently Held _____
6. List any training and experience you feel would be relevant to your role as a firefighter

(If more space is needed please attach a page to the back of application)

7. Do you have or previously had any known medical conditions that may affect your ability to perform firefighter duties? YES ___ NO ___ (If yes please provide further information)

(If more space is needed place attach a page to the back of application)

8. Are you available to respond to emergencies during the following;
Daytime? Y/N
Night? Y/N
The Weekend? Y/N

(If shift worker please include schedule or rotation if possible) (Attach a page to the back if more space is required) (Regular schedule workers please include schedule as well)

9. Are you able to leave work to attend an emergency YES____ NO____ If not applicable leave blank.

10. Approximate travel distance (note in KM and Time) to nearest fire station while being in compliance with the highway traffic act. (Also note which fire station nearest)

I understand that employment is conditional upon completing a full medical with a physician, and written certificate of that medical delivered to the municipality. (If DZ is not already attained this will be completed at the same time so medical is a one-time cost, municipality covered)

I understand that employment is conditional upon successfully acquiring a DZ licence within six months. (Municipality covered)

I understand that continued employment is based upon 50 % attendance to training/meetings and 50% of emergency calls.

I understand Public Education & Fire Prevention initiatives are a regular occurrence in our department, and am willing to attend when possible.

I understand probation lasts 12 months, upon which I have to successfully complete the new recruit training program.

If successful, I agree to serve the Township of Chapple faithfully and diligently in duties as a firefighter. I further agree to obey all fire department rules, regulations, policies and by-laws in connection with the Township of Chapple and the Chapple Fire Department which are now in place, or may come into place.

I certify that the information provided is true and I realize that any falsification or willful omission may be cause for refusal of application, or future termination.

Signature: _____ Date: _____