



## PART-TIME FIREFIGHTER EMPLOYMENT APPLICATION

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information is used to determine eligibility for employment. Questions regarding the collection of this information should be directed to the Town's Records/FOI Coordinator at 905-873-2601 ext. 2356 or [foi@haltonhills.ca](mailto:foi@haltonhills.ca).

Please print all information.

If resume is attached please check

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Init.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Are you between the ages of 16 and 65? Yes  No

Are you presently employed? Yes  No

Are you legally entitled to work in Canada? Yes  No

### Record of Education

School	Course of Study (Including Major Subjects)	Check Last Year Completed				Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	List Diploma or Degree
		1	2	3	4		
Junior High	(Please do not indicate Name of School)			7	8	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High	(Please do not indicate Name of School)	1	2	3	4 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	
University	(Please indicate Name of University)	1	2	3	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Specify)		1	2	3	4	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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### Employment History

Complete your employment history beginning with your present or most recent employer.

Term of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Your Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Immediate Supervisor's Name: \_\_\_\_\_  
 Immediate Supervisor's Title: \_\_\_\_\_

Term of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Your Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Immediate Supervisor's Name: \_\_\_\_\_  
 Immediate Supervisor's Title: \_\_\_\_\_

Term of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Your Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Immediate Supervisor's Name: \_\_\_\_\_  
 Immediate Supervisor's Title: \_\_\_\_\_

May we contact any of the above for reference purposes?

Yes  No

If yes, indicate which we may contact.

1  2  3



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## Related Skills

Check Appropriate Level:

1. Some familiarity and competence
2. Advanced amateur or post secondary courses
3. Certification or professional experience

<input type="checkbox"/> Auto Mechanic	1	2	3
<input type="checkbox"/> Building Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building Tradesperson (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blueprint Reading/Drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coaching/Teaching	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Firefighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lineperson	<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"/> Radio Communication Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rescue Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> First Aid: Current Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cardio Pulmonary Resuscitation with current Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a valid Ontario Driver's Licence? Yes  No

Driver class                      A    B    C    D    E    F    G  
 (circle appropriate class)

'Z' Endorsement                      Yes  No

Do you have training and/or experience driving heavy vehicles? Yes  No

Have you had any other special driving skills, courses or certificates? Yes  No

Specify: \_\_\_\_\_

## Other Relevant Experience

Previous Firefighter Experience: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, outline type of duties:	Number of years/months:
Volunteer Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, outline type of duties:	Number of years/months:
Military or Police Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, outline type of duties:	Number of years/months:

Additional comments on any related work experience:

(OVER)



**Town of Halton Hills**  
 Fire Department  
 14007 10 Sideroad  
 Halton Hills ON L7G 4S5  
 www.haltonhills.ca

## **PART-TIME FIREFIGHTER EMPLOYMENT APPLICATION**

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Halton Hills Fire Department?

(Do not list any activities denoting age, ancestry, colour or ethnic background, creed, language (in the Province of Quebec) marital or civil status, nationality, national or social origin/condition, physical or mental disability/handicap, place or origin, political opinion, race, religion, sex or sexual orientation.)

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**Declaration:**

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be sufficient cause for dismissal.

I have read the Part Time Firefighter Career Guide provided with this application form and understand that my employment depends upon my meeting the criteria for the position.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date  
 (YY/MM/DD)

Mail completed form to:  
 Halton Hills Fire Department  
 14007 10 Sideroad  
 Halton Hills ON L7G 4S5  
 Attention: Fire Chief