



HALTON HILLS FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT PART-TIME FIREFIGHTER

Our Family Protecting Your Family

PLEASE PRINT ALL INFORMATION (IF RESUME IS ATTACHED PLEASE CHECK)

PERSONAL INFORMATION	Last Name: _____		First Name: _____		Init.: _____	
	Address: _____				Apt./Unit: _____	
	Town/City: _____		Postal Code: _____		Phone No.: _____	

Are you presently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you legally entitled to work in Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

RECORD OF EDUCATION

School	COURSE OF STUDY (Including Major Subjects)						Did you Graduate?	List Diploma or Degree
High School	(Please do not Indicate Name of School)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/ University	(Please Indicate Name of College/University)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (Specify)							<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPLETE YOUR EMPLOYMENT HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY	Employer #1 Name: _____	Address: _____	Term of Employment From: _____ To: _____
	Your Position: _____	Your Duties: _____	
	Work Hours: _____	Reason for Leaving: _____	
	Immediate Supervisor's Name: _____	Immediate Supervisor's Name: _____	
	Employer #2 Name: _____	Address: _____	Term of Employment From: _____ To: _____
	Your Position: _____	Your Duties: _____	
	Work Hours: _____	Reason for Leaving: _____	
	Immediate Supervisor's Name: _____	Immediate Supervisor's Name: _____	
	Employer #3 Name: _____	Address: _____	Term of Employment From: _____ To: _____
	Your Position: _____	Your Duties: _____	
	Work Hours: _____	Reason for Leaving: _____	
	Immediate Supervisor's Name: _____	Immediate Supervisor's Title: _____	

MAY WE CONTACT ANY OF THE ABOVE FOR REFERENCE PURPOSES? YES NO

RELATED SKILLS

CHECK APPROPRIATE LEVEL:

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

	1	2	3
<input type="checkbox"/> Auto Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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
(SELECT 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:	If yes, outline type of duties:	Number of years/months:
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Volunteer Work:	If yes, outline type of duties:	Number of years/months:
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Military or police service:	If yes, outline type of duties:	Number of years/months:
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Additional comments on any related work experience:		

FIRE STATION CATCHMENT AREA

I live within 3 km 6km of the Acton Fire Station located at 21 Churchill Road South, Acton

EMERGENCY RESPONSE AVAILABILITY

I am available to respond to alarms:

Weekdays 7 AM to 5 PM Often Sometimes Never

Weeknights 5PM to 7 AM Often Sometimes Never

Weekends Often Sometimes Never

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

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 2020 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 of Application

SUBMIT ELECTRONICALLY (PTrecruitment@haltonhills.ca), MAIL OR DROP OFF (between 8:30-4:30), YOUR COMPLETED APPLICATION, WITH SUPPORTING DOCUMENTATION TO:

**Halton Hills Fire Department
14007 10 Side Road
Georgetown ON
L7G 4S5
Attention: Part-time Recruiting**

We thank all those who apply, but advise that only those applicants selected for an interview will be contacted. The Town of Halton Hills is an equal opportunity employer. Accommodations are available for all parts of the recruitment process. If contacted for an interview, please advise the Human Resources staff of any measures you feel you need to enable you to be assessed in a fair and equitable manner. Information received relating to accommodation measures will be addressed confidentially.

Personal information is collected under the authority of the Municipal Act, 2001 (S.O. 2001, c.25) and will be used to select a candidate. Questions about this collection should be directed to the Director of Human Resources.