



**BURK'S FALLS & DISTRICT FIRE DEPARTMENT**  
168 Ontario Street, P. O. Box 70, Burk's Falls  
Ontario P0A 1C0

## VOLUNTEER FIREFIGHTER APPLICATION FORM

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### PERSONAL INFORMATION:

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_ Initial: \_\_\_\_\_

Street address of residence: \_\_\_\_\_  
no. street community postal code

How long have you lived at your current address?: \_\_\_\_\_

If less than 2 years where did you reside previously?: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ ext: \_\_\_\_\_

Email address: \_\_\_\_\_

### REFERENCES:

Provide the name address and telephone number of at least two persons who we may refer to. These persons may not be relatives or employers.

1. \_\_\_\_\_  
years known: \_\_\_\_\_ nature of relationship: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_ years known: \_\_\_\_\_ nature of relationship: \_\_\_\_\_

### DECLARATION: Read the following carefully and sign and date the page at the bottom.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from membership in the fire department, or if I become a member may be cause for my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used only for employment assessment purposes as a volunteer firefighter in the Burk's Falls & District Fire Department. Questions about this collection should be directed to the Fire Chief at 162 Huston Street, Burk's Falls Ontario P0A 1C0 705-382-4010.

**REMINDER:** Have you included copies of information, certificates or other items where required?



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Are you legally eligible to work in Canada?

Yes  No

Are you at least 18 years of age?

Yes  No

Do you have a valid driver's license? (Minimum of "G" required) Yes  No  Type \_\_\_\_\_

Do you own a motor vehicle that is available to you at all times? Yes  No

Do you live in the urban or rural area? Urban  Rural

Will you be able to participate in scheduled weekly training sessions? Yes  No

If no, explain: \_\_\_\_\_

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Are you "comfortable" with the sight of blood and injured persons? Yes  No

If no explain: \_\_\_\_\_

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It is important that your employer is aware that you have applied to be a volunteer firefighter, as it may require you to be away from your employment at various times, depending on your schedule.

Have you spoke with your employer regarding applying for this position? Yes  No

If you advance to the final stages of the recruiting process, a letter from your employer stating that they are aware of your intentions and commitment as a volunteer firefighter will be required to be submitted with final paperwork.

Will your employer allow you to leave work to attend emergencies? Yes  No

If no explain: \_\_\_\_\_

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When not at work, do you remain local and will you be available to attend emergencies?

always  usually  sometimes  seldom

Explain: \_\_\_\_\_

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*Business, Trade, or Technical School:* Name of course: \_\_\_\_\_

Length of course: \_\_\_\_\_ License, certificate or diploma awarded?: Yes  No

*Community College:* Name of program: \_\_\_\_\_

Length of course: \_\_\_\_\_ Certificate or diploma received?: Yes  No



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University:

Institution name: \_\_\_\_\_ Location: \_\_\_\_\_

Major subject: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree awarded: \_\_\_\_\_ year: \_\_\_\_\_ Distinction?: \_\_\_\_\_

Other licenses, certificates, tickets, papers, degrees, etc: NOTE: Attach copies where appropriate.

\_\_\_\_\_  
\_\_\_\_\_

Other related skills: Please describe any other skills, experiences or training that are relevant.

\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT:

Name of your current or last employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Street address of your work location: \_\_\_\_\_

Type of business: \_\_\_\_\_ How many employees?: \_\_\_\_\_

Your job: \_\_\_\_\_ How long have you worked there?: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

What is your work schedule?: \_\_\_\_\_

Name of your supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

If you have been with your current employer less than 2 years, please provide details of prior employer.

Name of your current or last employer: \_\_\_\_\_

Employer's mailing address: \_\_\_\_\_

Street address of your work location: \_\_\_\_\_

Type of business: \_\_\_\_\_ How many employees?: \_\_\_\_\_

Your job: \_\_\_\_\_ How long have you worked there?: \_\_\_\_\_

Your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

What is your work schedule?: \_\_\_\_\_



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Name of your supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**OTHER INFORMATION:**

If you have any additional information that you feel is relevant you may provide it here or on attached sheet(s).  
If using an attached sheet(s) please place your name and the date on every sheet. Do not attach a resume.

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**“We are an Equal Opportunity Employer”**