



**THAMES CENTRE FIRE DEPARTMENT**

**THAMES CENTRE FIRE DEPARTMENT  
VOLUNTEER FIREFIGHTER APPLICATION FORM**

**Personal Information:**

*(Complete all areas in this section)*

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address of residence: \_\_\_\_\_  
No. Street Town Postal Code

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

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

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

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

Are you legally eligible to work in Canada? Yes \_\_\_ No \_\_\_

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a criminal offence  
for which a pardon has not been granted? Yes \_\_\_ No \_\_\_

**Education:** Please attached additional pages of Education & Training as needed

Name of Institution	Year Completed	Level Completed	Major/Specialization

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**Driving Experience:** *Application will be rejected if applicant has 7 or more demerit points in the past 3 years and not had a class G licence or higher for 2 years.*

<b>Valid Ontario Drivers Licence #</b> <hr/> <b>Driver's Licence Expiry Date:</b> _____  <b>Is your driver's licence currently revoked or suspended?</b> Yes ___ No ___	<b>Present Drivers Class Please circle all that applies:</b>  <b>A B C D E F G G1 G2 M</b>  <b>Endorsement: Z</b>
<b>Have you had any experience or training in driving heavy trucks?</b>  <p align="center">Yes ___ No ___</p>	<b>If yes explain:</b>  <hr/>
<b>Have you any other special driving skills?</b>  <p align="center">Yes ___ No ___</p>	<b>If yes explain:</b>  <hr/>

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 to your employer regarding applying for this position?                      Yes \_\_\_ No \_\_\_

If no, explain:

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**PLEASE NOTE:** *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 commitments 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 are you around Town and will you be available to attend emergencies?

Always (90%) \_\_\_ Usually (75%) \_\_\_ Sometimes (50%) \_\_\_ Seldom (25%) \_\_\_

Explain:

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Does your family support you becoming a volunteer firefighter? Yes \_\_\_ No \_\_\_

If no, explain:

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**EMPLOYMENT:** Complete all appropriate areas in this section and attach an updated resume.

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

Address of your work location: \_\_\_\_\_

Type of business: \_\_\_\_\_

You're Job: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

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

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

Name of supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Previous Employment Experience:**

Name of Employer:	Address:	Phone #:
Position Held:	Start Date:	End Date:
Name of Employer:	Address:	Phone #:
Position Held:	Start Date:	End Date:
Name of Employer:	Address:	Phone #:
Position Held:	Start Date:	End Date:

**Other Experience:**

Volunteer Work:	If yes, explain:	Number of years/months:
Yes ___ No ___		
Previous Firefighting Experience:	If yes, explain:	Number of years/months?
Yes ___ No ___		
Military or Police Service:	If yes, state rank and type of duty:	Number of years/months?
Yes ___ No ___		

**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.

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**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: \_\_\_\_\_

## THAMES CENTRE FIRE DEPARTMENT

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 Thames Centre Fire Department. Questions about this collection should be directed to Nick Dorken, Director of Fire & Emergency Services/Fire Chief at 17198 Thorndale Road, Thorndale, Ontario N0M 2P0. Phone # 519-268-7334 ext. 720 and [ndorken@thamescentre.on.ca](mailto:ndorken@thamescentre.on.ca)

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