Volunteer / Paid On-Call Firefighter Application Form

Personal information on this form is collected under the authority of the Municipal Freedom of Information & Protection of Privacy Act and will be used to determine eligibility for employment as a Volunteer / Paid On-Call Firefighter. Questions about this collection of information should be directed to Human Resources at
HR@adjtos.ca">HR@adjtos.ca or 705-434-5055.

Contact Information

Last Name:	First Name:				
Home Address:					
Phone Number:	Email:				
Eligibility Requirements					
I am 18 years of age or older:					
[]Yes/No[]					
I have an Ontario Secondary School Diploma or academic equivalent:					
[]Yes/No[]					
I am legally eligible to work in Canada:					
[]Yes/No[]					
I am able to provide a clean Vulnerable Sector Check upon hire dated no earlier than 3 months prior to					
application date:					
[]Yes/No[]					
I possess a valid Class G Driver's Licence:					
[]Yes/No[]					
I have a satisfactory Driver's Abstract dated no earlier than 3 months prior to application date:					
[] Yes / No []					
I am willing to obtain DZ Driver's Licence within 2 years of hire date:					
[]Yes/No[]					

I possess val	lid Ontario Fir	e Administrative Inc	. (OFAI) Stage 1 – Firefighte	er Aptitude & Character Test	
(FACT) and S	tage 3 – Firefi	ghter Physical Aptiti	ude Job-Related Tests (FPA	AT):	
[]Yes	s / No []				
I reside withi	n 8 KMs of Sta	ation 1 (6240 County	y Rd 13, Everett) or Station	2 (2821 Regional Rd 50, Loretto)	
[]Yes	s / No []				
I am availabl	e to respond	to emergency calls:			
Weekdays:	[] Often	[]Sometimes	[] Never		
Weeknights:	[] Often	[] Sometimes	[] Never		
Weekends:	[] Often	[] Sometimes	[] Never		
Preferred Qualifications					
I have previo	us firefighting	gexperience:			
[]Yes	s / No []				
I have compl	eted or worki	ng towards NFPA 10	001 Firefighter certification	:	
[]Yes	s / No []				
I possess a v	alid Standard	I First Aid CPR-C + A	ED certificate:		
[]Yes	s / No []				
I possess a valid Class DZ Driver's Licence or equivalent:					
[]Yes	s / No []				
Conditions of Acceptance					
I hereby decl	lare that the ii	nformation given is t	rue and complete to my kr	nowledge. I understand that any	
false statem	ents, misrepr	esentation, delibera	ate omission or concealme	nt of information may disqualify	
me from emp	oloyment or c	ause my dismissal:			
[] Agr	ee				
Applicant S	ignature:			Date:	

Township of Adjala-Tosorontio is an Equal Opportunity Employer, committed to diversity and inclusivity in employment for a barrier-free workplace. Accommodations are available for all parts of the recruitment, selection &/or assessment process. Applicants need to make their needs known in advance to Human Resources. We thank all those who apply, but only those selected for an interview will be contacted.