

Township of Nipissing Fire Department 45 Beatty Street Nipissing ON P0H 1W0 705-752-2772

Application Form

Please Print

Personal Information Confidential when completed							
Last Name	Given Name	nen completed	Initial				
Last Name	Given Name		IIIICiai				
Address (complete mailing address includ	ing RR # if applica	able and Postal Code)					
Telephone	Cell Phone		Email				
Emergency Contact			Emergency Contact Telephone				
Emergency contact			zmergency contact relephone				
Volunteer Eligibility Requirements							
What hours would you be available?	Are you legally	eligible to work in	Do you meet Eligibility				
Weekdays	Canada?	5	Requirements?				
Weekends							
Weeknights	Yes N	0	Yes No				
Other							
Are you able to understand spoken and	•	understand spoken	Other Languages?				
written English?	and written Fre	nch?	Describe:				
Yes No	Yes N	0					
Have you ever been convicted of a crimin	al offense for wh	ich vou have net receive	d a nardan 3				
Have you ever been convicted of a criminal offence for which you have not received a pardon? Yes No Describe:							
res no bescribe.							
Employment Experience							
Present Employer:		Position:					
Name:		How long have you been employed there?					
Address		Duties					
Address:		Duties:					
Telephone:							
May we contact this employer? Yes No							

Present Employer:			Position:	
Name:			How long have you been employed there?	
Address:			Duties:	
Telephone:				
May we contact this employer? Yes	No			
Related Skills or Experience	110			
Previous firefighting or emergency respectives. Yes No Describe:	ponse exper	ience?		
Previous military or police experience? Yes No Describe:	,			
Other experiences that may apply to the Yes No Describe	nis position?			
Indicate skill level by circling the appro 1 – A trade, licence, recognized certific 2 – Advanced skills level and/or post se 3 – Familiarity acquired through person	ate or exten	isive ex urses o	perience. r apprenticeships.	
Mechanics	1	2	3	
Pumps, valves or sprinklers	1	2	3	
Electrical systems	1	2	3	
Electronic systems	1	2	3	
Computer technology	1	2	3	
Breathing apparatus or scuba diving	1	2	3	
Building Construction or design	1	2	3	
Blueprint reading	1	2	3	
Rescue procedures	1	2	3	
Athletic sports or skills	1	2	3	
Languages	1	2	3	
Occupational health and safety	1	2	3	
Photography	1	2	3	
Fundraising	1	2	3	
Typing, filing or telephones	1	2	3	

Public speaking	1	2	3			
Teaching, facilitation or coaching	1	2	3			
Events coordination	1	2	3			
Radio communication	1	2	3			
Professional driver	1	2	3			
Heavy equipment operation	1	2	3			
Other Licences and Certificates						
CPR		Expiry Date:				
First Aid			Expiry Date:			
Defibrillation			Expiry Date:			
Ontario Driver's Licence			Expiry Date:			
Class			, ,			
Description		Date	Date			
Description		Date				
Description		Date				
Education Background						
Post Secondary Education:						
Major or Specialization:						
Level or Degree Achieved:						
Post Secondary Education:						
Major or Specialization:						
Level or Degree Achieved:						
Please provide an accompanying	रु resume व	and copie	s of all licences, dipl	omas or certificates.		
Conditions of Acceptance:						
I affirm and certify that the information of information may be considered	of staten	nents, mi	srepresentation, del	pplication is true and correct. I iberate omission or concealment		
I authorize the Township of Nipi as indicated and to obtain and re	_		•	ferences or previous employers		
Signature of Applicant			Date			

Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used for candidate selection purposes only. This application form complies with the Ontario Human Rights Code.