



Township of Montague Application Form

Please Print

Personal Information Confidential when completed		
Last Name	Given Name	Initial
Address		
Telephone	Cell Phone	Business
Emergency Contact		Emergency Contact Telephone
What position did you apply for?		

Volunteer Eligibility Requirements

What hours would you be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet Eligibility Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to understand oral and written French? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Languages? Describe:
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		

Employment Experience

Present Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you been employed there? Duties:
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Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:
Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:

Volunteer Experience

Present Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you volunteered there? Duties:
Previous Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long did you volunteer there? Duties:

Related Skills or Experience

Previous firefighting or emergency response experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:

Previous military or police experience?

Yes No Describe:

Other experiences that may apply to this position?

Yes No Describe:

Related Skills

Indicate skill level by circling the appropriate number and providing explanation.

1 - A trade, licence, recognized certificate or extensive experience.

2 - Advanced skills level and/or post secondary courses or apprenticeships.

3 - Familiarity acquired through personal experience, high school courses or related training.

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	
Fire fighting tasks	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	
Office equipment	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	
Medical or health sciences	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 Class <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> Z <input type="checkbox"/> F <input type="checkbox"/> G	Expiry Date:
Description	Date
Description	Date
Description	Date



Education Background

Elementary School Name: Highest grade/level completed
Secondary School Name: Highest grade/level completed
Post Secondary Education: Major or Specialization: Level or Degree Achieved
Post Secondary Education: Major or Specialization: Level or Degree Achieved

Please provide an accompanying resume and copies of all licences, diplomas or certificates.

Conditions of Acceptance:

I affirm and certify that the information given on, or attached to, this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize the Township of Montague Fire Department to contact my references or previous employers as indicated and to obtain and review my medical assessment.

Signature of Applicant

Date