



St.-Charles Fire Department

PO BOX 70, 2 KING ST EAST
ST CHARLES, ON P0M 2W0

TEL: (705) 867-2032 (Townhall) FAX; (705) 867-5789

TEL: FIRE HALL (705) 867-0949

firechief@stcharlesontario.ca

www.stcharlesontario.ca

Appendix "K"

ST.-CHARLES FIRE DEPARTMENT

APPLICATION FORM

Date: _____

Given name: _____

Surname: _____

Birth date: _____

Address & Contact Information

Street: _____

PO BOX: _____

Town: _____

Province: _____

Postal Code: _____

Phone #: _____

Cell #: _____

Emergency Contact: _____

Relationship: _____

Phone #: _____

Education, Training, and Certification

Driver's License Number: _____ **Classification (G, D, DZ etc.):** _____

Educational Background:

High School Completed _____ YES _____ NO

College/University _____ YES _____ NO Course of Study: _____

Other Education/Courses _____

Briefly state experience in Fire Department and Emergency Services: (if any)

List relevant experience and courses taken which you feel may benefit you within the fire service:

Employment Information

Present Employer: _____ **Phone no.** _____

Address: _____

Contact Person: _____

Will your employer allow you to arrive late/depart early in the event an emergency response is required during your scheduled working hours? _____ YES _____ NO

Do you have daytime availability? _____ YES _____ NO

Previous employer:

1) _____ Phone no. _____

2) _____ Phone no. _____

Reference & Additional Information

Character/Professional references:

1) Name: _____

Phone no. _____

Relationship: _____

2) Name: _____

Phone no. _____

Relationship: _____

Present clubs/Organizational involvement:

Additional relevant information: *(why do you want to join the fire department?)*

Hiring Process

1. Complete application
2. Submit signed application and job description to the Fire Chief, in person, via email, or through the municipal office.
3. Interview with Fire Chief. Receive criminal records check letter.
4. Submit criminal record check and driver's abstract to the Fire Chief, in person, or through the municipal office.
5. Recommendation for hiring to Council for approval
6. Once approved, begin attending regular training sessions to receive requisite information.

YOUR APPLICATION WILL REMAIN ON FILE FOR A PERIOD OF ONE YEAR. IF SUCCESSFUL YOU WILL BE CONTACTED AND ASKED TO ATTEND A WEEKEND LONG BASIC FIRE FIGHTING COURSE. YOU WILL THEN SERVE A PROBATIONARY PERIOD OF 1 YEAR, AT WHICH POINT, HAVING COMPLETED MANDATORY YEAR 1 TRAINING, YOU WILL BE CONSIDERED A FULL VOLUNTEER FIREFIGHTER WITH THE ST. CHARLES FIRE DEPARTMENT.

I UNDERSTAND THE CONDITONS AND REQUIREMENTS AND WAIVE THE CORPORATION OF THE MUNICIPALITY OF ST. CHARLES AND THE ST. CHARLES FIRE DEPARTMENT FROM ANY CLAIMS DUE TO INJURIES THAT MAY OCCUR DURING THE PRACTICAL TRAINING AND EVALUATIONS. I FURTHER DELARE THAT I DO NOT HAVE ANY KNOWN MEDICAL CONDITIONS WHICH MAY PROHIBIT THE PREFORMANCE OF FIRE FIGHTING DUTIES.

Signature: _____ Date: _____