

Township of Selwyn Fire Department

Application Form

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, the information gathered is collected under the authority of the Municipal Act and will only be used for the purpose of determining eligibility for employment as a Volunteer Firefighter.

Questions about this collection of personal information should be directed to the HR Coordinator of the Township of Selwyn by emailing kberry@selwyntownship.ca or by calling 705-292-9507 ext. 244.

Name:		
Surname	Given	Initial
Address:		
Phone: Home:	Work:	
Email:		
Occupation:	Driver License Type:	
Employment History		
Name of current Employer:		
Address:		
Duties/Responsibilities:		
Past Employer:		
Address:		
Duties/Responsibilities:		
Have you discussed with your emp position with the Township Fire De	ployer the fact that you are applying partment? Yes [] No []	for a
Is your current employer willing to a during working hours? Yes []	allow your attendance at emergency No[]	/ calls



Education							
Secondary Sch	nool:				_ Diploma:		
College/Univer	sity:				Diploma: ˌ		
Courses/Works	shops/S	eminars:					
FirstAidTraining	n/Cartifi	cates:					
	g/Certiii	Cales					
Please list any be beneficial to certification, Cl	the De	partment, e	gfire supp				
Please list any beneficial to the			ilities that yo	u possess	which yo	u feel would b	
Are you availab	ole to re	spond to er	mergencies c	during spe	cified time	es? Specify the	
The day time?	Yes [] No[]_					
The night?	Yes [] No []_					
The weekend?	Yes [] No []_					



Please provide three (3	b) character references that	we may contact.
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
reference information in		• •
representatives of the I	I be interviewed by an intervi	
• •	eject to a physical examination to the municipality at the app	•
Sexual Offender Datab	uired to supply a Criminal R ase Search as defined in Se any to be reimbursed to the a	
	e subject to a twelve-month y complete minimum training	probationary period and are grequirements before full
Applicant's Name:		
(Please Print)		
Applicant's Signature:		Date: