



# The Corporation of the Township of Emo

P.O. Box 520, Emo, Ontario, POW 1E0  
PH: 807-482-2378 Fax: 807-482-2378

1.

## Firefighter Application

*\* A Resume and a copy of your Drivers Licence must be submitted with a completed application.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Insurance Number (Optional): \_\_\_\_\_

1. Are you willing to be on call (respond to calls) regularly for fire and other emergency fire department responses? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you willing to attend the necessary training and on-going training to be a member of the Fire Department? YES \_\_\_\_\_ NO \_\_\_\_\_
3. I consider myself to be a good team player? YES \_\_\_\_\_ NO \_\_\_\_\_
4. I understand the importance of following all directions as given by the Incident Commander, following the Incident Management System Structure and why freelancing is not allowed at an emergency scene? YES \_\_\_\_\_ NO \_\_\_\_\_
5. I hold at least a DZ licence class or willing to acquire one within six months of appointment to the fire department. Yes \_\_\_\_\_ NO \_\_\_\_\_ Class Currently Held \_\_\_\_\_
6. List any training and experience you feel would be relevant to the role as a firefighter

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(If more space is needed please attach a page to the back of application)

7. Do you have or previously had any known medical conditions that may affect your ability to perform firefighter duties? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes please provide further information)

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(If more space is needed place attach a page to the back of application)

8. Are you available to respond to emergencies during the following?

Daytime? Y/N

Night? Y/N

Weekend? Y/N

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(If shift worker please include schedule or rotation if possible) (Attach a page to the back if more space is required) (Regular schedule workers please include schedule as well)

9. Are you able to leave work to attend an emergency YES\_\_\_\_ NO\_\_\_\_ (If not applicable leave blank.)

I understand that employment is conditional upon completing a full medical with a physician, and written certificate of that medical delivered to the municipality. (If DZ is not already attained this will be completed at the same time, one cost, municipality covered)

I understand that employment is conditional upon successfully acquiring a DZ licence within six months. (Municipality covered)

I understand that continued employment is based upon 50 % attendance to training/meetings and 50% of emergency calls.

I understand Public Education & Fire Prevention initiatives are a regular occurrence in our department, and am willing attend when possible.

I understand probation lasts 12 months, upon which I have to successfully complete the new recruit training program.

I certify that the information provided is true and I realize that any falsification or willful omission may be cause for refusal of application, or future termination.

If successful, I agree to serve the Emo Fire Department faithfully and diligently in duties as a firefighter. I further agree to obey all fire department rules, regulations, policies and by-laws in connection with the Township of Emo and the Emo Fire Department which are now in place, or may become in place.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

**Approved by Chief Fire Official:** \_\_\_\_\_

**Approved by CAO or designate:** \_\_\_\_\_

**Approved by Council:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Doctor's certificate attached:** \_\_\_\_\_