



# **EAST FERRIS FIRE DEPARTMENT**

Application  
for  
New Recruits



## **A LETTER FROM THE FIRE CHIEF:**

Thank you for considering joining the East Ferris Fire Department. We welcome your interest and encourage you fill out this application and return it.

We, as members of the East Ferris Fire Department are proud of our community and proud of our service to it. We train hard and prepare thoroughly to provide safe, effective and efficient emergency help to all sorts of people in all kinds of situations. New recruits are welcome, and we are committed to safely train and equip them to be a vital part of our protection efforts.

*Not everybody can be a volunteer firefighter!* Volunteers, both male and female in “Emergency Services” are quite different from other volunteer groups you may be familiar with. We deal with dangerous situations, life threatening incidents, and complex equipment, we offer and promote a standard of protection, we are then responsible ethically and legally to provide it. The level of commitment and dedication needed for Emergency Services goes far, far beyond a typical volunteer attitude.

As you prepare your application and consider being a part of Emergency Services in our community, please feel free to speak with myself or any fire department member, or you may wish to attend a few practices to get a feel for who we are and what we do!

I look forward to hearing from you.

Sincerely,

Frank Loeffen, CEMC  
Fire Chief  
East Ferris Fire Department  
Office 705 752-2740



## Application Form

Please Print

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

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

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:
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**Related Skills or Experience**

Previous firefighting or emergency response experience?  
Yes   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	<b>1</b>	<b>2</b>	<b>3</b>	
Pumps, valves or sprinklers	<b>1</b>	<b>2</b>	<b>3</b>	
Electrical systems	<b>1</b>	<b>2</b>	<b>3</b>	
Electronic systems	<b>1</b>	<b>2</b>	<b>3</b>	
Computer technology	<b>1</b>	<b>2</b>	<b>3</b>	
Breathing apparatus or scuba diving	<b>1</b>	<b>2</b>	<b>3</b>	

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 Knowledge	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	

<b>Other Licences and Certificates</b>	
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:
Ontario Driver's Licence	Number:
Health Card	Number:
Description	Date
<b>Education Background</b>	
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 East Ferris Fire Department to contact my references or previous employers as indicated and to obtain and review my medical assessment.

\_\_\_\_\_  
**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*.