



TOWNSHIP OF WAINFLEET

RECRUITING DATA SHEET

VOLUNTEER PROBATIONARY FIREFIGHTER

Last Name		Given Name(s)	
Mailing Address		Home Telephone	Business Telephone
City	Province	Postal Code	
Have you been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18-65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you legally work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

	Grade/Years Completed	Program	Type of Degree/Diploma
High School			
Trade School			
College			
University			

Any other courses since (either through work or on your own)?

Any trades licences, certificates? _____

Do you have a valid Ontario Drivers Licence? Yes No Class: _____
(attach photocopy of licence)

Do you have a valid First Aid Certificate? Yes No

Do you have a valid CPR Certificate? Yes No

Recruiting Data Sheet
Volunteer Probationary Firefighter

Do you have a working knowledge of the following? (Check as many as apply)

Auto Mechanics <input type="checkbox"/>	Electrical Systems <input type="checkbox"/>	Pumps, Valves Sprinklers <input type="checkbox"/>	Radio Communications <input type="checkbox"/>
Construction Trades <input type="checkbox"/>	Electronic Systems <input type="checkbox"/>	Rescue Procedures <input type="checkbox"/>	Coaching or Teaching <input type="checkbox"/>
Alarm Systems <input type="checkbox"/>	Ropes and Knots <input type="checkbox"/>	Workplace Safety <input type="checkbox"/>	Ladders <input type="checkbox"/>

Describe your experience as a member of a team, either at work or in your personal life.

What experience do you have working outdoors, particularly in bad weather?

What other unique skills/abilities would you bring to the Township?

Describe any restrictions that would prevent you from being available 24 hours a day, 7 day a week.

Recruiting Data Sheet
Volunteer Probationary Firefighter

Please complete the following:

- Are you willing to attend regular training on weeknights and/or weekends? Yes No
- Are you willing to perform physical work under sometimes adverse conditions? Yes No
- Are you able to understand and follow oral and written instructions? Yes No
- Do you feel uncomfortable in closed or confined spaces? Yes No

EMPLOYMENT HISTORY

Name/Address of Current/Last Employer	Job Title
	Period of Employment
Type of Business	Reason for Leaving (if applicable)
Duties/Responsibilities	

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	Period of Employment
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Please provide the names of three (3) people who can tell us more about your work history, job performance, attendance, quality of your work and dependability.

Name:	Phone:
Name:	Phone:
Name:	Phone:

