



APPLICATION FOR POSITION OF CAREER FIREFIGHTER

Applications must be submitted by email to hrjobs@greatersudbury.ca by **4:30 p.m., Friday, January 18, 2019**. Any application received after this date will not be considered.

Applicants will receive an email with a link to register for the aptitude testing. Please check your junk mail folder for the email. Applicants will be required to pay a one-time non-refundable administration fee of \$102.65 + hst. Proof of payment will be required throughout the hiring process.

Mandatory Requirements for Firefighters:

All applicants must meet the following minimum requirements. Failure to do so will result in the applicant being eliminated from the recruitment process.

- Completion of Grade 12 Education
- Possess a valid Class "G" Driver's Licence*
- Standard First Aid Certificate and Cardio Pulmonary Resuscitation (CPR)
- Canadian Citizen or legal entitlement to work in Canada
- Must be at least 18 years of age

**** Please note: Interested applicants must acquire DZ endorsement prior to receiving an offer of employment.***

Preferred Qualifications:

- Wildland Firefighting Experience
- EMCA
- Ontario Mine Rescue
- Military Service
- Police Service
- Volunteer Firefighter Experience
- Full-Time Firefighter Experience
- NFPA 1001 & 1002

Successful applicants must be aware of the following process: (Keep this page for your record)

- Examinations
- Submission of required documents (i.e. medical, vision, hearing tests)
- Physical testing
- Interview process
- Conditional offer of employment
- Training

Please note that successful applicants will be required to provide a Criminal Record Check and proof of DZ Licence prior to hiring. It will take approximately 4 – 6 weeks to have a Criminal Record Check completed. All costs for the tests/evaluations indicated are the responsibility of the applicant.

All applicants are thanked for their interest in this recruitment. Only those who qualify will be contacted with further instructions. Please refer to the website if you have any questions.

PERSONAL INFORMATION

Last Name	First Name	Home Phone #	Cell Phone #
Street Number + Name		Apt. #	City
Postal Code		Length of time at this address (months/years)	
Email Address ** MANDATORY			

MAILING ADDRESS (if different from above)

EG: Rural Route Address, P.O. Box, etc.

MANDATORY REQUIREMENTS:

Valid Class "G" Licence*: <input type="checkbox"/> Yes <input type="checkbox"/> No * Must have valid DZ by the time of employment	Secondary School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Cardio Pulmonary Resuscitation (CPR) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Standard First Aid Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Those legally entitled are Canadian Citizens. Landed immigrants are those who hold a work permit.</i>	Have you ever been convicted of a criminal offence for which a Pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE:

Driver Class: <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> DZ <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> Other	If Other, please explain:
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OTHER EXPERIENCE:

Wildland Firefighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years
S-100	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Paramedic Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years
Emergency Medical Care Assistant (EMCA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ontario Mine Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years
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Military Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years
Search and Rescue Technician	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years

Police Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years
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Volunteer Firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years
NFPA 1001:			
IFSAC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pro-Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OFM Grandfathered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Full-Time Firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years
NFPA 1001:			
IFSAC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pro-Board	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OFM Grandfathered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EDUCATION AND ADDITIONAL EDUCATION INITIATIVES:

Name of College/University:	Address:	Telephone #:
Field of Study:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of College/University:	Address:	Telephone #:
Field of Study:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of College/University:	Address:	Telephone #:
Field of Study:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):

EMPLOYMENT EXPERIENCE:

Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Employer:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):

COMMUNITY VOLUNTEER EXPERIENCE:

Name of Organization:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Organization:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):
Name of Organization:	Address:	Telephone #:
Position Held:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):

In consideration of this application, I hereby authorize the Corporation or any agency acting on the Corporation's behalf and without liability, to make whatever enquiries the Corporation deems necessary concerning all statements contained in this application.

By putting a check mark in this box, I certify that I have read and reviewed the Information Guide and that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position be nullified.