



75 George Street, Lanark, ON, K0G 1K0
 Phone: 613-259-2398 x 236
 Email: lhfirechief@lanarkhighlands.ca
 Website: lanarkhighlands.ca

Application Form – Part Time Firefighter

OFFICE USE:

Applicant Information

Last Name: _____ Given: _____ Initial: _____
 Current Address: _____
 Telephone: _____ Email: _____

Volunteer Eligibility Requirements

Are you 18 years of age or older at the time of application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will you turn 18? _____	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live in the area served by LHFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform physical work under adverse conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Valid class G minimum Ontario Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No Class: _____	Do you have your own vehicle for Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to understand and follow oral and written instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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: _____		Are you able to respond to calls 24 hours a day, seven days a week? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	

Employment Experience

Present Employer: _____ **Position Held:** _____
Address: _____
Date Employed: from: _____, to: _____
 May we contact this employer? ☐ Yes ☐ No **Contact Name:** _____
Telephone: _____ **Hours of Work:** _____
 Would your employer allow you to respond to emergency calls during working hours?
☐ Always ☐ Usually ☐ Rarely ☐ Never **Explain:** _____



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Previous Employer: _____ **Position Held:** _____
Address: _____
Date Employed: from: _____, to: _____
 May we contact this employer? ☐ Yes ☐ No **Contact Name:** _____
Telephone: _____

Other Related Experience

<p>Previous firefighting or emergency response experience? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes: Department: _____</p> <p>Years: _____</p>	<p>Have you Volunteered in the Community?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain: _____</p>
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Availability

When would you be available to respond for training and emergency callouts?

☐ Most times ☐ Weekdays ☐ Weekends ☐ Weeknights

Other please describe: _____

<p>LHFS requires members to attend training and meetings the first three Tuesdays of every month. Are you able to commit to this?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you able to attend recruit training on weeknights and weekends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Medical

<p>Do you suffer from any medical condition (asthma, bronchitis, back or knee problems) which may affect your physical ability in your duties as a firefighter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state condition below: _____</p>	<p>If you're successful through the interview, physical, and written testing, a medical examination paid by the applicant is required to be completed by a medical physician prior to onboarding to ensure your ability to meet the physical, emotional, and psychological demands of the position. Are you willing to complete this LHFS medical form as condition of offer?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Education Background

High School / Vocational / Trade / College / University

Institution	Year Completed	Level Completed	Major/Specialization
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Courses / Certificates / Specialized Skills / Trades

Description	Date
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Individual Name	Company	Years Known	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional information or skills you feel may be pertinent to this position.

Please provide an accompanying resume and copies of all licences, diplomas or certificates.



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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 disqualification from the hiring process, or termination from the Corporation if I have been employed.

I authorize the Township of Lanark Highlands and/or the Lanark Highlands Fire Service to contact my references as necessary.

Return application and any attached documents in a sealed envelope and mark it "**Confidential**" to:

Attention:

Stephen Rothwell
Fire Chief
Lanark Highlands 75 George Street
Lanark, Ontario K0G 1K0

Or by email to: lhfirechief@lanarkhighlands.ca

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*.