

**CHECKLIST FOR SUBMISSION OF
APPLICATION FOR PROBATIONARY FIRE FIGHTER
The Corporation of the City of Orillia**

Please ensure you have included **all** the following mandatory documentation required to apply for the position of Probationary Fire Fighter:

Applications will only be accepted between May 16, 2022 and the closing date of May 30, 2022 at 4:00 p.m. by mail or courier only.

- Completed Application Form
- Resume
- Proof of COVID-19 vaccine
- Proof of first doses of Hep A and B
- Proof of NFPA 1001, 1002, 1072 within a 1-year period
- Proof of NFPA 1006 chapter 8, 9, 17, 20 within a 3-year period
- Indicate the number of years as a trained full-time Fire Fighter
- Indicate the number of years as an active Volunteer Fire Fighter
- Proof of successful completion of the components of the Ontario Fire Fighter Services Screening Test, dated within six months of Orillia's test date (November 14, 2021)
- Proof of valid unrestricted Ontario class D driver's licence with Z endorsement
- Proof of current standard First Aid and "Basic Rescuer" CPR (Level C) or better
- Proof of Grade 12 or equivalent
- Current, original Criminal Record Check with Vulnerable Sector Check (dated within three months of application start date - February 16, 2022) or Receipt for such check if not yet received

APPLICATION FOR PROBATIONARY FIRE FIGHTER

The Corporation of the City of Orillia

Personal Information		
Applicant's full name (First name, middle name/initials/surname)		
Address (Apartment number, street number, street name)		City Province Postal Code
Residential telephone number	Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you between the ages of 18 and 60? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other telephone number(s)		

Education			
Grade/High School - Highest Grade Successfully Completed _____		Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Name of Program	Name of Certificate/Diploma Received	Length of Program
College/University			
Fire College			
Technical/ Vocational			

Employment Experience			
1. Name of employer		Your position title	
Employer Address		General duties and responsibilities	
Supervisor's name	Telephone Number	Starting date (from)	End date (to)
Reason for leaving (must be completed)			
2. Name of employer		Your position title	
Employer Address		General duties and responsibilities	
Supervisor's name	Telephone Number	Starting date (from)	End date (to)
Reason for leaving (must be completed)			
3. Name of employer		Your position title	
Employer Address		General duties and responsibilities	
Supervisor's name	Telephone Number	Starting date (from)	End date (to)
Reason for leaving (must be completed)			

Related Skills

Skill	Explanation of skills
Years of Fire Fighting service	Provide the basis for the claimed skill level, including any trade licence number, and describe how and where the experience was obtained. Full time _____ Volunteer _____ Organization _____
Fire fighting practices and terminology, fire prevention courses	
Rescue procedures, ice/water, auto extrication, confined space, breathing apparatus	
Medical knowledge/ experience - CPR, first aid, first responder, paramedic/nurse, AED certified	
Driving experience, heavy vehicles, emergency vehicles	
Mechanical ability & experience (special trade) - pumps, valves, sprinkler systems	
Knowledge of building construction	
Knowledge of computer technology	
Knowledge of radio communication systems	
Community involvement - what and length	

List any additional knowledge and experience you have that is related to this position.

Reference Consent

Please list below work-related references who can be contacted. **DO NOT** list relatives or friends.

I hereby authorize the Corporation of the City of Orillia to contact the persons or organizations listed on this application form and/or my resume for the purpose of obtaining reference information contained in my personnel file. The following individuals are authorized to disclose such information.

Name	Business telephone number
Street address	City Province Postal Code
Working relationship	
Name	Business telephone number
Street address	City Province Postal Code
Working relationship	
Name	Business telephone number
Street address	City Province Postal Code
Working relationship	

For employment purposes, may we approach: Your present employer? Yes No
 Your former employer(s)? Yes No

PLEASE READ CAREFULLY BEFORE SIGNING:

- I understand and agree that employment and continuing employment are conditional upon:
- observance of the rules, regulations and instructions governing employment by the Corporation of the City of Orillia as in effect at the time of employment, or established at any subsequent time;
 - enrolment in such employee benefit plans as may be obligatory for Corporation employees;
 - the verification of statements made by me in this application, and
 - the satisfactory completion of a probationary period of employment.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered cause for dismissal.

I understand that applications and/or resumes will only be accepted and retained for advertised competitions, and only those granted an interview will be contacted.

Applicant's signature

Date