



HIGHLANDS EAST FIRE DEPARTMENT  
P.O. Box 295  
2259 Loop Road  
Wilberforce, ON  
K0L 3C0

## APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a Class A, D, G or Z License (circle one):    Yes            No

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### Health Requirements

People shall be required to provide a statement from their Doctor stating that they are physically fit to perform the work of a fire fighter.

The following documents are to be submitted with your application:

1. Statement from your Doctor stating that you are physically fit to perform the work of a fire fighter
2. Criminal background check
3. TD1 – Personal Tax Credits Form
4. Driver's abstract

The Municipality will reimburse you for the cost to obtain the medical statement, drivers abstract and criminal background check (receipts required).

### Qualifications

- Ability to respond to emergencies in a reasonable amount of time.
- Must be willing to attend weekly training meetings.
- Must be willing to adhere to all department policies.
- Must be willing to submit to a drug test
- Must be a team player and capable of taking direction well.
- Must be at least 18 years of age.

Should you have any questions or concerns about filling out this application, please contact the Fire Chief at 705-455-2747. Please return the completed form to the attention of the Fire Chief at the address indicated above.

Is your employer aware of your intentions to become a member of the Fire Department?    Yes    No  
Would you be allowed to answer alarms during working hours?    Yes    No  
List any skills and/or experience you may have in firefighting or related work areas.

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**Employment:**

On the space provided below, please give a record of your present employment and one former employer (present employer first).

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education:**

Secondary School: \_\_\_\_\_ Diploma: \_\_\_\_\_

College/University: \_\_\_\_\_

Courses/Workshops/Seminars: \_\_\_\_\_

First Aid Training/Certificates: \_\_\_\_\_

**Reference # 1**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference # 2:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

I \_\_\_\_\_ authorize the Municipality of Highlands East to contact the persons or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file. These persons are authorized to disclose such information.

Accepted applicants are subject to a twelve-month probationary period and are required to successfully complete minimum training requirements before full status is granted.

I hereby apply for membership as a volunteer firefighter for the Municipality of Highlands East. If found acceptable, I agree to abide by the SOP's, By-Laws and regulations of the Municipality of Highlands East Volunteer Fire Department and the Fire Company to which I am applying.

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)