



**SAULT
STE. MARIE**



FIREFIGHTER APPLICATION FORM

Last Name:	First Name:
Street Address:	Mailing Address: (if different)
City:	Postal Code:

Contact Information :	
Primary:	()
Other:	()
E-mail: (required)	

Use 'X' to complete the following:

Confirm and provide documentation to support:	YES	NO
Secondary School Diploma; or equivalent		
Valid Ontario Class 'DZ' License, unrestricted		
Current Drivers Abstract (within 30 days) 3-year drivers record - Uncertified. https://www.ontario.ca/page/order-drivers-record		
First Aid and CPR certification, minimum Level C		
Completion of NFPA 1001 Firefighter Level I and II, IFSAC or PRO-Board, including NFPA 1072 (previous 472) Hazardous Materials Awareness & Operations; or, in progress with completion prior to October 1, 2022.		
<u>If applicable</u> - OFMEM Grandfathering Letter stating that the requirements for NFPA 1001, Level I & Level II based on experience or knowledge have been met.		

Confirm the following:	YES	NO
Legally entitled to work in Canada		
Have you ever been convicted of a criminal offence for which a pardon has not granted?		
Satisfactory hearing, as per testing criteria, without the use of artificial aids		
Visual acuity of 20/30 uncorrected		
No significant abnormalities in colour vision		
Can work shift work / 24 hour shifts (days, nights, weekends, holidays, etc.)		

PROFESSIONAL EXPERIENCE:			YES	NO
Have you had previous <u>Professional</u> Fire Fighter, Police, Military, Paramedic or Emergency Service Experience?				
Position and Employer:	From:	To:		
DETAILS:				

EDUCATION AND TRAINING

Sections 1-6.

Proof of Education and Training must be attached to confirm.

1. Post-secondary education completed. (As certified by the Ontario Ministry of Education).

Include university education, community college, business school, technological institute, apprenticeship program, correspondence courses and/or any continuing educational programs.

Name of Program/Course (Major/Specialization)	Name of Institution/Course Provider	From:	To:	Degree/Diploma or Certificate Awarded?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Successful completion of Pre-Service Firefighter Education & Training Program at an OFM Endorsed Community College.

- Completed
- In Progress _____ % Completed
- Practicum Completed

Agency / Institution	From:	To:

DETAILS / COMMENTS:

3. Successful Completion of OFM Provincial Firefighter Curriculum Tests

- Completed
- In Progress ____ % Completed

Agency / Institution	From:	To:

DETAILS / COMMENTS:

4. Successful completion of NFPA / IFSAC / Pro Board Accredited Courses

- Completed
- In Progress ____ % Completed

Agency / Institution	From:	To:

DETAILS / COMMENTS:

5. Successful Completion of Fire Services related Courses/Certificates

Programs/Course	Agency/Institution	From:	To:	Certificate Awarded
Auto Extraction				<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice/Water Rescue				<input type="checkbox"/> YES <input type="checkbox"/> NO
High Angle/Rope Rescue				<input type="checkbox"/> YES <input type="checkbox"/> NO
Breathing Apparatus				<input type="checkbox"/> YES <input type="checkbox"/> NO
Confined Space				<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Materials				<input type="checkbox"/> YES <input type="checkbox"/> NO
Critical Incident Stress Management				<input type="checkbox"/> YES <input type="checkbox"/> NO
Land Radio Operators Licence				<input type="checkbox"/> YES <input type="checkbox"/> NO
Basic Emergency Management				<input type="checkbox"/> YES <input type="checkbox"/> NO
MED-A3				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO

DETAILS / COMMENTS:

6. Successful Completion of Life Saving Certificates

Program/Course	Agency/Institution	To:	From:	Certificate Awarded
1 st Responder				<input type="checkbox"/> YES <input type="checkbox"/> NO
Basic Trauma Life Support				<input type="checkbox"/> YES <input type="checkbox"/> NO
Defibrillator				<input type="checkbox"/> YES <input type="checkbox"/> NO
1 st Aid Instructor's Level				<input type="checkbox"/> YES <input type="checkbox"/> NO
Emergency Medical Care Attendant				<input type="checkbox"/> YES <input type="checkbox"/> NO
Bronze Cross				<input type="checkbox"/> YES <input type="checkbox"/> NO
National Life Guard				<input type="checkbox"/> YES <input type="checkbox"/> NO
Canadian Ski Patrol				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:				<input type="checkbox"/> YES <input type="checkbox"/> NO

DETAILS / COMMENTS:

SKILLS AND EXPERIENCE

- 1- Some familiarity and competence (Able to assist in minor role)
- 2- Advanced amateur or post-secondary courses (Able to complete task independently)
- 3- Certification or professional experience (Able to train others)

Attach documentation to confirm.

Related Skills/Experience	Level			Details / Comments:
	1	2	3	
Building Construction Trades or Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing including: Pumps, Valves, Sprinkler Systems, Pipe Fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Professional Designation/Training Certificate _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Duty Equipment Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Vehicle Operation	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Systems	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Communication Systems	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Skills (List Applications)	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certification and/or Formal Training in Communication	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Academic Teaching, Instruction or Coaching Skills	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic, Fitness or Sports Skills	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certification and/or Formal Training in Team Building	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Certification and/or Formal Training in Leadership	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Related Skills: _____	1	2	3	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Volunteer Experience/Community Involvement:		YES	NO
Have you had previous Volunteer Fire Fighter, Police, Military, Paramedic or Emergency Service Experience?			
Position and Organization:	From:	To:	
DETAILS:			

- ❖ Please be advised, the City of Sault Ste. Marie will be using both email and telephone to communicate with applicants regarding the candidate pool.
- ❖ It is the applicant's responsibility to include a current phone number as well as current email address that is checked regularly and accepts emails from unknown users.
- ❖ As we send time sensitive correspondence via email (i.e. test bookings, interview dates), it is imperative that applicants check their email regularly.
- ❖ If we do not hear back from applicants, we will assume that you are no longer interested in the candidate pool and your application will be removed from the process.

Applicant Declaration

I confirm that the above and attached information is complete and correct and that any untrue or misleading information will give the City of Sault Ste. Marie the right to terminate my application process.

Applicant Signature

Date

This Application may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Delivery of an executed copy of the signature page to this Application by facsimile transmission or transmitted electronically in either a Tagged Image Format File ("TIFF") or Portable Document Format ("PDF") shall be effective as delivery.