



**Fire Department**  
The Corporation of the County of Prince Edward  
8 McDonald Drive, Picton, ON K0K 2T0  
T: 613.476.2345 | F: 613.476.9826  
[www.thecounty.ca](http://www.thecounty.ca)



## VOLUNTEER FIREFIGHTER APPLICATION FORM

To prevent delays in the recruitment process please ensure the following;

- All sections of this application must be completed in full with all the required documentation attached to your application. Incomplete or illegible applications will not be considered
- Offers of employment will be contingent upon a satisfactory and completed pre-placement medical assessment and vulnerable sector background check, confirmation of your driver's license together with a driver's abstract
- Please submit your application to:

Prince Edward County Fire & Rescue  
8 McDonald Drive  
Picton, ON  
K0K 2T0

### PERSONAL INFORMATION

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Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

### INTENTIONS

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Please outline your reasons for applying:

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**DRIVER'S LICENCE & CERTIFICATE INFORMATION**

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Do you currently possess a valid Ontario Driver's license in good standing? Yes  No

Please indicate which class of license(s) you possess: \_\_\_\_\_

Do you have any other special driving skills or training? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any certificates, licenses, equipment operations, professional designations and other skills, experience or training relevant to your application

(Please attach copies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AVAILABILITY**

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What days of the week are you available to work (circle all that apply):

**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

What shifts are you available (circle all that apply):

**Days Afternoons Evenings**

Other availability information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your current employer aware of your Volunteer Firefighter Application? Yes  No

Are you able to leave your workplace to respond to an emergency call? Yes  No

**EDUCATION & EMPLOYMENT HISTORY**

Please provide information pertaining to your education and training in the table below.

<b>Education</b>	<b>Name of Institution</b>	<b>Courses Completed</b>
High School		
Post-Secondary / Trade		
Other		

Please describe your work history, beginning with your most recent position.

<b>CURRENT Employer</b>	<b>From</b>	<b>To</b>
<b>Supervisor Name/Title</b>		<b>Reason for Leaving</b>
<b>Position Held</b>		
<b>Duties and Skills:</b>		

<b>PREVIOUS Employer</b>	<b>From</b>	<b>To</b>
<b>Supervisor Name/Title</b>		<b>Reason for Leaving</b>
<b>Position Held</b>		
<b>Duties and Skills:</b>		

Do you have any previous firefighting experience? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL DEMANDS**

As a Volunteer Firefighter you will be expected to perform duties while wearing protective and rescue equipment weighing 40lbs and up, including helmet, boots, coat and pants for periods exceeding 4 hours or more.

Are you able to lift / push / pull heavy objects? Yes  No

If no, state restrictions/limitations: \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform work that includes heights? Yes  No

If no, state restrictions/limitations: \_\_\_\_\_  
\_\_\_\_\_

Are you able to perform work in confined spaces? Yes  No

If no, state restrictions/limitations: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES & CONSENT**

Employer	Contact Name	Contact Title/Relationship	Phone number (identify cell/home/work)

I, \_\_\_\_\_ hereby declare that the preceding information is true and complete. I authorize The County of Prince Edward to contact whoever is deemed necessary for the purposes of verifying information provided herein. I understand that a false statement, written or oral, will disqualify me from employment or cause my dismissal and that proof of the above information may be requested at the time of hire.

The personal information being collected will be used in accordance with *The Municipal Act* and *The Municipal Freedom of Information and Protection of Privacy Act* and shall only be used in the selection of a suitable candidate.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

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\_\_\_\_\_  
Received by (Pls. Print)

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Reviewed by Division Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

Comments:

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