



CITY OF CORNER BROOK APPLICATION FOR EMPLOYMENT: Relief Firefighter

Date: _____

PERSONAL DATA

Name: _____

Last
Given Name(s)
Middle Initial

Address: _____

No.
Street Address

City
Province
Postal Code

Telephone Number: _____ **E-mail Address:** _____

If successful, on what date will you be available for work? _____

QUALIFICATIONS

Below are the **Minimum Qualifications**. Please check the boxes to ensure that you are fully qualified for this position. If you have checked "no" to any of the below requirements, you will automatically be screened **out** of the selection process.

| Document Attached? | Required Qualifications |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate from an IFSAC accredited institution in NFPA 1001, Level II |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Successful Completion of High School or Equivalent |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A valid Code of Conduct and Vulnerable Sector Screening from the RNC or RCMP issued within the last six months |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A copy of a drivers abstracted issued within the last three months |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Copy of a valid NL Driver's License Class 5 with 03 and 09 endorsements, or other provincial equivalent |

DESCRIBE ANY OTHER EXPERIENCE, SKILLS, QUALIFICATIONS, OR TRAINING WHICH YOU FEEL ARE SUITED TO THE POSITION FOR WHICH YOU ARE APPLYING

FIRE CERTIFICATES & LICENSING

For any additional certification that you have completed please ensure that you provide a copy of certification with this application.

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 472 – HazMat Response Technician Level |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 472 – HazMat Operations |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1002 – Fire Pumper/Driver Operator |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1006 – Technical Rescuer, Rope Rescue |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1006 – Technical Rescuer, Confined Space Entry |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1005 – Marine Fire Fighting for Land-Based Fire Fighters |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1021 – Fire Officer Professional Qualification |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NFPA 1041 – Fire Service Instructor Professional Qualification |

| | | | |
|---------------------------|--------------|---------------|--|
| Driving Experience | Class Type | Date Obtained | Expired? |
| | Class: _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Class: _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Class: _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Class: _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

EDUCATION

| Date Attended | Program Name | Certificate/Diploma/Degree Received | Program Length | Completion Status |
|---------------|--------------|-------------------------------------|----------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT HISTORY

(List Below, Beginning with Your Most Recent, Present and Past Employment)

| | | | |
|-------------------|------------------|-------------------|--------------------|
| Name of Employer | | Position Held | |
| Employer Address | | Start Date | End Date |
| Supervisor's Name | Telephone Number | Cell/Other Number | Reason for leaving |

| |
|--|
| Description of Duties/Responsibilities |
|--|

| | | | |
|--|------------------|-------------------|--------------------|
| Name of Employer | | Position Held | |
| Employer Address | | Start Date | End Date |
| Supervisor's Name | Telephone Number | Cell/Other Number | Reason for leaving |
| Description of Duties/Responsibilities | | | |

| | | | |
|--|------------------|-------------------|--------------------|
| Name of Employer | | Position Held | |
| Employer Address | | Start Date | End Date |
| Supervisor's Name | Telephone Number | Cell/Other Number | Reason for leaving |
| Description of Duties/Responsibilities | | | |

VOLUNTEER EXPERIENCE

| Start Date | End Date | Name of Organization | Average Hours per Year | Details of Work Performed |
|------------|----------|----------------------|------------------------|---------------------------|
| | | | | |
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| | | | | |
| | | | | |

IN YOUR WORDS

In your words, tell us why you are interested in becoming a Relief Firefighter with the City of Corner Brook and what you believe to be the traits that you possess to make you the best suited candidate for the position.

| |
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|--|

REFERENCES

(Excluding Friends and Relatives)

I hereby authorize the City of Corner Brook to contact the persons and/or organizations listed on this application for the purpose of obtaining reference information.

| | | |
|----------------------|--------------|--------------------------------|
| Name | Phone Number | Email Address |
| Address | City | Province |
| | | Postal Code |
| Working Relationship | | Length of Working Relationship |
| | | |

| | | |
|----------------------|--------------|--------------------------------|
| Name | Phone Number | Email Address |
| Address | City | Province |
| | | Postal Code |
| Working Relationship | | Length of Working Relationship |
| | | |

| | | |
|----------------------|--------------|--------------------------------|
| Name | Phone Number | Email Address |
| Address | City | Province |
| | | Postal Code |
| Working Relationship | | Length of Working Relationship |
| | | |

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that any false or misleading information may lead to termination of employment with the city of corner brook.

I understand that applications will only be accepted and retained for advertised competitions and only those candidates moving to the next stage will be contacted.

APPLICANT'S SIGNATURE: _____

Date _____

Please email completed applications with all supporting documentation to:

careers@cornerbrook.com

Emails must contain the subject heading: Relief Firefighter Recruitment

**THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN
EMPLOYMENT WITH THE CITY OF CORNER BROOK.**