



SHELBURNE & DISTRICT FIRE DEPARTMENT

114 O'Flynn Street
Shelburne, Ontario
L9V 2W9

Fire Department

519-925-5111

Volunteer Public Educator Application

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

- Be sure to read this application carefully before completing it.
- Incomplete or unsigned applications will be rejected.
- If you desire, you may attach a copy of your resume.

A - PERSONAL INFORMATION

Last Name:		First Name:		Second Name(s):	
Address:					
City:		Province:		Postal Code:	
Cell #:		Home #:		Business #:	
Email:					
Are you legally entitled to work in Canada?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime for which you have not yet been pardoned? <small>* If a conditional offer of employment is made, we will require a current police check.</small>					<input type="checkbox"/> Yes <input type="checkbox"/> No
I have weekday, daytime availability?					<input type="checkbox"/> Yes <input type="checkbox"/> No

B-1 EDUCATIONAL BACKGROUND

Highest level of education successfully completed:	
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OTHER LICENSES AND CERTIFICATES

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date:	
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date:	
Defibrillation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date:	
Ontario Driver's Licensee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry Date:	
Fire & Life Safety Educator	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Other:		Date:	
Other:		Date:	

B-2 RELATED SKILLS OR TRAINING

Previous Public Educator experience?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location:		Length of time:	
Other experience that may apply to this position:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:			

Related Skills: Indicate skill level by checking the box after the appropriate number and providing an explanation.

1. A trade, license, recognized certificate, or extensive experience
2. Advanced skill level and/or post-secondary courses or apprenticeships
3. Familiarity acquired through personal experience, high school courses, or related training

SKILL	SKILL LEVEL	EXPLANATION
Teaching, training or facilitation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Communication	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Public speaking	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Blueprint reading	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Languages	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Occupational health & safety	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Office equipment	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Keyboarding skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Filing skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Telephone skills	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Event coordination (e.g. fundraising)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

C - WORK EXPERIENCE (Beginning with current or most recent experience):

EMPLOYER 1			
Company name:		Employment duration:	
Address:			
Job title:			
Supervisor:			
May we contact this employer?		If yes, phone #:	

EMPLOYER 2			
Company name:		Employment duration:	
Address:			
Job title:			
Supervisor:			
May we contact this employer?		If yes, phone #:	

Please submit your application for employment to the attention of the Fire Department

114 O’Flynn Street, Shelburne, ON L9V 2W9
519-925-5111 – sdfd@shelburne.ca

Conditions of Acceptance:

- I affirm and certify that the information given on, or attached to, this application are true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.
- I authorize the Fire Chief or designate to contact my references or previous employers as indicated.
- I understand that a conditional offer of employment will include the requirement to provide the Fire Department with a current police check and driver abstract

Signature of Applicant

Date:

Personal information is collected under the authority of the Municipal Freedom of Information and Privacy Act and will be used for candidate selection purposes only. This application form complies with the Ontario Human Rights Code.