



APPLICATION FOR TEMPORARY FIREFIGHTER (20&)

St. John's Regional Fire Department

This Application Form must be submitted to apply for a Temporary Firefighter position with SJRFD. Resumes will NOT be accepted. Please ensure you fully complete this form and attach all supporting documentation. Scoring will be based only on the information provided below.

SECTION 1 - Personal Information				
Last Name		First Name		Middle Name (if applicable)
Street No.	Street Name	City	Province/State	Postal/Zip Code
Residential Phone Number ()	Cell/Other Phone Number ()	E-Mail Address		Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 - Minimum Qualifications		
<p>These are the MINIMUM QUALIFICATIONS. Please check the boxes below to ensure you are fully qualified for this position. If you have checked "no" to any of the following qualifications or requirements, you will be automatically screened out of the Selection Process unless otherwise indicated. Also, if the required documentation is not attached, you will be screened out of the Selection Process.</p>		
Documentation attached?	NOTE: APPLICATION WILL BE SCREENED ON THIS INFORMATION. FILL OUT COMPLETELY AND ACCURATELY	
1. <input type="checkbox"/> Attached	Firefighter II Certification from an IFSAC or PROBOARD Certified Fire Service Training Facility. Please state your IFSAC Seal # for NFPA Firefighter Level II. (Note: Candidates must submit certificates with seal #)	<input type="checkbox"/> Yes <input type="checkbox"/> No IFSAC Seal or ProBoard Number: _____
2. <input type="checkbox"/> Attached	Successful completion of high school or equivalent.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="checkbox"/> Attached	Class 03 Newfoundland and Labrador Drivers' License with class 09 air brake endorsement. (Note: Candidates must submit a copy of their license with the required class and endorsements with application).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <input type="checkbox"/> Attached	Advanced First Aid for Firefighter's Certificate, or equivalent certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="checkbox"/> Attached	Successful completion of a Job-Related (Physical) Test including VO2 Max test (score of 42.5 ml/kg/min or higher) (dated 6 months or less from application closing date). Note: Candidates must submit a copy of this certificate with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="checkbox"/> Attached	A valid Criminal Record Screening Certificate with vulnerable sector check from the RNC or RCMP issued within the last six months.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate your preferred site to write the Firefighter exam on January 17, 2024 <input type="checkbox"/> St. John's <input type="checkbox"/> Stephenville <input type="checkbox"/> Out of province		

SECTION 3 - Education

Type	Name of Program	Name of Certificate/Diploma / Degree Received	Length of Program	Completion
<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Fire School <input type="checkbox"/> Other				<input type="checkbox"/> Complete <input type="checkbox"/> Partially Complete*
<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Fire School <input type="checkbox"/> Other				<input type="checkbox"/> Complete <input type="checkbox"/> Partially Complete*
<input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Fire School <input type="checkbox"/> Other				<input type="checkbox"/> Complete <input type="checkbox"/> Partially Complete*

***If partially complete, please provide details of courses completed, etc, in the "Further Information" section on Page 6. Please attach proof of completed course work and programs, including transcripts.**

SECTION 4 - Employment Experience (Beginning with the most recent Employer, include both full-time & part-time positions)

1	Name of Employer		Your Position Title	
	Employer Location and mail address		Starting Date mm/dd/yyyy	End Date mm/dd/yyyy
	Supervisor's Name	Telephone Number ()	Cell/Other Number ()	Reason for Leaving (must be completed if applicable)
	List Main Duties and Responsibilities:			

2	Name of Employer		Your Position Title	
	Employer Location and Email Address		Starting Date mm/dd/yyyy	End Date mm/dd/yyyy
	Supervisor's Name	Telephone Number ()	Cell/Other Number ()	Reason for Leaving (must be completed if applicable)
	List Main Duties and Responsibilities			

3	Name of Employer		Your Position Title	
	Employer Location and Email Address		Starting Date mm/dd/yyyy	End Date mm/dd/yyyy
	Supervisor's Name	Telephone Number ()	Cell/Other Number ()	Reason for Leaving (must be completed if applicable)
	List Main Duties and Responsibilities			

SECTION 5 – Fire Certificates and Licensing

Please indicate which of the following certificates you have completed. Check all that apply and attach proof of successful completion.

1. <input type="checkbox"/> Attached	NFPA 472 – HazMat Response Technician Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
2. <input type="checkbox"/> Attached	NFPA 472 – Hazardous Materials Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
3. <input type="checkbox"/> Attached	NFPA 1002 – Fire Pumper / Driver Operator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
4. <input type="checkbox"/> Attached	NFPA 1006 – Technical Rescuer – Rope Rescue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
5. <input type="checkbox"/> Attached	NFPA 1006 - Technical Rescuer – Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
6. <input type="checkbox"/> Attached	NFPA 1006 – Vehicle Rescue Level II	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
7. <input type="checkbox"/> Attached	NFPA 1005 – Marine Fire Fighting for Land-Based Fire Fighters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
8. <input type="checkbox"/> Attached	NFPA 1021 – Fire Officer Professional Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
9. <input type="checkbox"/> Attached	NFPA 1041 – Fire Service Instructor Professional Qualification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

Driving Experience (please provide details of relevant classes excluding Class 05)	Class Type	Date obtained: mm/dd/yy	Is this Class current?
	1. Class _____	_____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Class _____	_____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Class _____	_____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – Volunteer Experience (Community, Firefighting)

Please provide details of your independent community volunteer work from 2021- 2023 that is NOT affiliated or sponsored by an employer. Verification of the number of hours volunteered per year must be submitted with your application.

Volunteer Community Involvement (Jan, 202□ - Nov, 202□)	Name of Organization:	Start Date and End Date (mm/dd/yy)	Average Number of Hours Per Year:
Provide details of your Volunteer Community Involvement:	1. _____	From _____ to _____	_____ hr/year
	2. _____	From _____ to _____	_____ hr/year
	3. _____	From _____ to _____	_____ hr/year

Please provide details of your volunteer Firefighting experience from 2021- 2023. Verification of the number of hours volunteered per year must be submitted with your application.

Volunteer Firefighting Experience: (Jan, 202□ - Nov, 202□)	Name of Fire Department:	Start Date and End Date (mm/dd/yy)	Average Number of Hours Per Year:
Provide details of your Volunteer Firefighting Experience:	1. _____	From _____ to _____	_____ hr/year
	2. _____	From _____ to _____	_____ hr/year

SECTION 7 – Further Information

This Section will allow you to list any additional knowledge or experience you have that may be related to this position. If you are providing more information to elaborate on a previous Section, **please reference the applicable Section Number so we can cross-reference it.** When describing additional experience, you must provide the name of the organization where it was obtained and relevant dates

SECTION 8 – Firefighting Career

Tell us why you are interested in becoming a Temporary Firefighter with the St. John's Regional Fire Department and why you think you would be an asset to our organization.

SECTION 9 - Reference Consent

Please list below work references that we may contact, preferably a current or former supervisor. **DO NOT** list relatives or friends.

I hereby authorize the City of St. John's to contact the persons or organizations listed on this application for the purpose of obtaining reference information, including information contained in my personnel file. The following individuals are authorized to disclose such information:

Name	Phone Number ()	Email Address
Address	City	Province
Postal Code		
Working Relationship		

Name	Phone Number ()	Email Address
Address	City	Province
Postal Code		
Working Relationship		

Name	Phone Number ()	Email Address
Address	City	Province
Postal Code		
Working Relationship		

PLEASE READ CAREFULLY BEFORE SIGNING:

- I understand and agree that employment and continuing employment are conditional upon:
- o observance of the rules, regulations and instructions governing employment by the City of St. John's/St. John's Regional Fire Department as in effect at the time of employment, or established at any subsequent time;
 - o enrolment in such employee benefit plans as may be obligatory for City employees;
 - o fulfilling the requirements of any job related medical examination required by the City upon job offer;
 - o the verification of statements made by me in this application;
 - o the satisfactory completion of a probationary period of employment;
 - o the maintaining of a Class 03 driver's license throughout my employment with the SJRFD, at my own expense.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand falsified statements on this application will be considered cause for dismissal.

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

Signature

Date

SECTION 10 - Privacy Notice

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of Recruitment. Questions about the collection and use of the information may be directed to Department of Human Resources, hr@stjohns.ca.