



Application for Volunteer Firefighter City of Belleville

Human Resources Department
169 Front Street
Belleville, ON K8N 2Y8
Phone: 613-968-6481
Fax: 613-967-3225

The information collected on this form is collected in accordance with the Personal Information Protection and Electronic Act (PIPEDA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). This information will be used for employment purposes only. Any questions regarding employment should be directed to the Human Resources Department.

Please enter your information PRINT the completed form or complete manually by PRINTING all information.

Are you legally entitled to work in Canada? Yes No Date available to work _____
If the City has previously employed you, state when and department: _____

If you have relatives now employed by the City, state relationship and department: _____

APPLICANT

Name: _____
 (Last Name) (First Name) (Initial)

Address: _____
 (Street) (Apt/Unit) (City)

Postal Code: _____ Telephone (Home) _____ Other: _____

Are you between the ages of 18 and 65? Yes No Date of Birth (If under 18 yrs of age) _____

EDUCATION

Elementary / High School (Last Grade Completed)	Course or Subject	Certificate/Diploma	Completed
Technical/Vocational			
College/University			

Graduation Yes No

Are you a full-time student? Yes No Do you plan to return to school next term? Yes No

EMPLOYMENT EXPERIENCE

1. Name of Employer: _____ Your position Title _____
 From: _____ To: _____ Job Duties: _____
 Address: _____
 Tel. No. _____
 Supervisor's Name: _____ Salary: _____
 Supervisor's Title: _____ Reason for leaving: _____

2. Name of Employer: _____ Your position Title _____
 From: _____ To: _____ Job Duties: _____
 Address: _____
 Tel. No. _____
 Supervisor's Name: _____ Salary: _____
 Supervisor's Title: _____ Reason for leaving: _____

3. Name of Employer: _____ Your position Title _____
 From: _____ To: _____ Job Duties: _____
 Address: _____
 Tel. No. _____

Supervisor's Name: Salary:
 Supervisor's Title: Reason for leaving:

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City of Belleville**

RELATED SKILLS

SOFTWARE

TITLE	VERSION	BEG.	INT.	ADV.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL QUALIFICATIONS:

Including certificates, licences, equipment operation and professional designations, and other skills, experience or training related to your application.

Other Office Skills:

DRIVING RECORD

Do you currently hold a valid Ontario Drivers Licence? Yes No
 Driver's Licence Class G Z-Endorsement? Yes No
 Do you have demerit points against your licence? Yes No If YES, how many?
 Have you ever had your licence suspended? Yes No If YES, when?

Status of Driver's Licence and driving record will be verified.

Have you every been convicted of a criminal offence in Canada for w hich a pardon has not been granted?
 Yes No

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

I, authorize the City of Belleville to contact the persons or organizations listed within this application, for the purpose of obtaining reference information contained in my personnel file.

If NO, check w hich number(s) 1 2 3 Date

Signature of Applicant

The City of Belleville is an Equal Opportunity Employer and supports the sprit and intent of the Ontario Human Rights Code.

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