

Joint Firefighter Recruitment Application Package



Township of
Georgian Bay
705-538-2765
www.gbtownship.ca
99 Lone Pine Rd,
Port Severn



Tay Township
705-534-7248
x253
www.tay.ca
450 Park Street,
Victoria Harbour



Township
of Tiny
705-526-4204
www.tiny.ca
130 Balm Beach
Road West,
Perkinsfield

Application Deadline:

March 21st, 2025

at 12pm

Recruitment Process and Important Dates

The recruitment selection process consists of the five stages, each with important dates.

Stage 1 – Recruitment Information Sessions	
March 3 rd , 2025 at 7pm (19:00hrs), Tiny Fire Station 2, Wyevale – 817 County Road 6 South	
Please pre-register your intention to attend the information session with your local department.	
Stage 2 – Application Submission	
Application Deadline: March 21 st , 2025 at 12pm noon (1200)	
Selected applicants will proceed to Stage 3	
Stage 3 – Aptitude Appraisal (Written Testing)	
March 27 th , 2025 Tay Fire Station 2 – 2201 Old Fort Road	
Selected applicants will proceed to Stage 4	
Stage 4 – Job Specific Physical Testing	
April 12 th , 2025 Tiny Fire Station 2, Wyevale – 817 County Road 6 South	
Candidates <u>must submit</u> a signed Medical Examination Report prior to completing the physical testing. Candidates are not able to complete physical testing without a medical report on file.	
Selected applicants will proceed to Stage 5	
Stage 5 – Interview	
Specific times and locations to be confirmed following successful completion of Stages 1-4.	
Selected applicants will receive a conditional offer	



Application for the Position of Volunteer Firefighter

Candidate Information		
Last Name:	Given First:	Initials:
Address:		
City:	Province:	Postal Code:
Mailing address: (if different from above)		
Home Phone #	Business Phone #	
Cell Phone #	Email Address	

Appointment Requirements

- ✓ Be a minimum of 18 years old
- ✓ Currently possess a valid driver's license class license (minimum G class)

I understand that during the recruitment process, the completion of a medical form will be requested and signed by my Physician in order to participate in the physical testing. I agree that I can meet these terms.

I understand that a satisfactory driver's abstract and vulnerable sector check will be required as a condition of appointment.

Please **attach Resume** and complete any missing information below.

Attach additional pages as needed.

Education

High School / Vocational School / College / University			
Name of Institution	Year Completed	Level Completed	Major/Specialization

Courses / Certificates / Specialized Skills / Trades	
Description	Date

Relevant Employment Experience

Employer (Current / Most Recent)	From	To	Position Held
Address:			
Duties/Responsibilities:			

Employer	From	To	Position Held
Address:			
Duties/Responsibilities:			

Employer	From	To	Position Held
Address:			
Duties/Responsibilities:			

Other Related Experience

Do you have previous firefighting experience? Yes <input type="checkbox"/> (complete below) No <input type="checkbox"/>					
# of Years		Position		Employer	
Duties / Responsibilities					
# of Years		Position		Employer	
Duties / Responsibilities					

Do you have previous volunteer experience? Yes <input type="checkbox"/> (complete below) No <input type="checkbox"/>					
# of Years		Position		Employer	
Duties / Responsibilities					
# of Years		Position		Employer	
Duties / Responsibilities					

Related Skills

Please complete this section even if a resume is attached. Please check the level of skill appropriate.

1. Some familiarity and competence.
2. Advanced or post-secondary courses.
3. Certificates or professional experience.

Skill	Level		
	1	2	3
Automotive Mechanic			
Lineman			
Electrical Systems			
Electronic Systems			
Radio Communications Systems			
Rescue Procedures (Canadian Red Cross, Canadian Red Cross, St. John Ambulance, etc.)			
Firefighting Practices and Terminology (Ontario Fire College or Community College, etc.)			
Pumps, Valves, Sprinkler Systems			
Building Trades or Inspection			
Read Blueprints			
Scuba Diving			
Ice Water/Rescue			
Confined Space Rescue			
High Angle Rescue			
Urban Search and Rescue			
Hazardous Materials Response			
WHMIS			
Occupational Health and Safety			
Coaching/Teaching/Facilitation Skills			
Athletic or Sports Skills			

Driving License and Skill

Do you have a valid Driver's Licence, in good standing?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Identify Class:
Have you had any experience or training in driving heavy vehicles?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you any other special driving skills or training (e.g., accident avoidance, skid control, etc.)?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Explain:		

Responsiveness

Do you have permission from your employer to leave your place of work immediately when your pager sounds?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where is your current employer located?
Do you have a personal and reliable means of transportation to respond to fire alarms?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you any other special driving skills or training (e.g., accident avoidance, skid control, etc.)?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Explain:		

Other Information

Please provide any additional information or skills you feel may be pertinent to this position:

References

Should we proceed with the recruitment process, please provide three (3) professional references (preferably direct supervisors) and their phone numbers that you agree we can contact for a reference. References cannot be family related to you. *Please note that we will advise you prior to contacting your references and will not contact your references without your knowledge.*

Reference Name	Employer name	Email	Phone

I understand that any misrepresentation made by me in connection with this application will be sufficient cause for cancellation of the application, and if I have been appointed, for termination from the Corporation. I authorize the Fire Chief to make such enquiries respecting the foregoing information as may be deemed necessary.

Date: _____

Signature of Applicant: _____

We thank all applicants who apply, but only those candidates selected for an interview will be contacted. Personal information is collected under the authority of the Municipal Act, R.S.O. 1990, c. M45 and, in accordance with Municipal Freedom of Information and Protection of Privacy Act, will only be used for candidate selection. The Townships of Tay, Tiny and Georgian Bay are committed to an inclusive, barrier-free environment. Accommodation will be provided in all steps of the hiring process. Please advise the Town or Township if you require any accommodations to ensure you can participate fully and equally during the recruitment and selection process.



CONSENT WAIVER AND RELEASE FORM

TO: THE CORPORATION and the FIRE DEPARTMENT.

WHEREAS the Corporation and the Fire Department require that applicants for the position of Volunteer Firefighter be examined.

AND WHEREAS I, _____ have submitted to the Corporation and the Fire Department, my signed application for the position of Volunteer Firefighter, and have been informed that I am required to be examined for this position and required to participate in a series of tests to demonstrate my strength, endurance and physical agility.

AND WHEREAS, the procedures to be followed during the said examination and said series of tests to demonstrate my strength, endurance and physical agility and have been fully explained to me;

NOW THEREFORE, I, for myself, my heirs, executors, administrators or assigns, hereby consent to and agree to be examined for the position of Volunteer Firefighter, and consent to and agree to participate in a series of tests to demonstrate my strength, endurance and physical agility and I for myself, my heirs, executors, administrators or assigns, hereby waive any and all claims against the Corporation and the Fire Department that I, my heirs, executors, administrators or assigns, or any of them now or hereafter can, shall, or may have, for, on account of, or because of any injury or damage that I may sustain because of, in connection with, or on account of said examination and said series of tests to demonstrate my strength, endurance and physical agility, and I, for myself, my heirs, executors, administrators or assigns, do hereby remise, release and forever discharge the Corporation and the Fire Department from any and all liability claims for damages, actions, suits and demands whatsoever, which I, my heirs, executors, administrators or assigns or any of them now or hereafter and without restricting the generality of the foregoing, for or by reason of any cause, matter or thing arising out of or resulting from my participation in said examination and said series of tests to demonstrate my strength, endurance and physical agility.

IN WITNESS WHEREOF I have hereunto set my hand and seal this ____ day of _____, 20____.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Applicant Name (Please Print or Type) _____

Applicant Signature _____

Witness Name (Please Print or Type) _____

Witness Signature _____

Note: This completed form and the Medical Examination Report MUST be received before applicant will be permitted to participate in the physical testing.



MEDICAL EXAMINATION REPORT

Candidate Information		
Last Name:	Given First:	Initials:
Address:		
City:	Province:	Postal Code:
Mailing address: (if different from above)		
Home Phone #	Business Phone #	
Cell Phone #	Email Address	

Physician Information	
Last Name:	Given First: Initials:
Address:	
City:	Include Physician's stamp or sticker here:
Province:	
Postal Code:	
Business Phone #	
Fax Phone #	

To be Completed by Physician
Is the applicant prescribed any medications that may affect his/her performance of duties as a Firefighter? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please review the Position Profile (see Appendix 'A')</i>
Is the applicant medically fit to perform the duties of a Firefighter, based on the Position Profile? Yes <input type="checkbox"/> No <input type="checkbox"/>

Is the applicant currently vaccinated for Hepatitis "B"? **Yes** **No**

Final Vaccination date _____

I, the undersigned, am a legally qualified medical practitioner, licensed to practice in the Province of Ontario. This report confirms my evaluation and medical opinion of the applicant.

Physician's Signature _____

Date: _____

APPENDIX 'A'

Firefighter Position Profile

(To be completed by Family Physician with Medical Examination Report)

TASKS INCLUDE: carrying heavy equipment such as ladders, chain saws, fire hose, hydraulic extrication tools, etc., lifting, pulling, chopping, climbing stairs/ladders, crawling, wearing self-contained breathing apparatus and other heavy personal protective equipment, driving and operating emergency vehicles, performing cardio-pulmonary resuscitation.

ENVIRONMENTAL FACTORS INCLUDE: possible exposure to toxic gases and particulates, chemicals, wet/damp conditions, exposure to extreme temperature variations for lengthy periods of time, required to perform tasks in confined working spaces.

STRESSORS: firefighting requires an individual to go from minimal physical activity to peak physical activity within a very short time frame. Physical stress is amplified by the need to wear heavy personal protective equipment while carrying, pulling, pushing, lifting a variety of materials. In addition to physical stress, firefighters are exposed to emotional stress while performing rescue activities involving patients that are severely injured or deceased and while administering first aid/CPR involving profuse bleeding and vital signs absent. Often, the patients are known to the firefighters in smaller communities, adding to the stress load.

I have reviewed the contents of the Firefighter Position Profile prior to determining if the applicant is medically fit to perform the duties of a firefighter

Physician's Signature _____

Date: _____