



Deseronto Fire Department
316 Edmon Street
Deseronto, Ontario K0K 1X0
Town Hall Phone: (613) 396-2440

Application for Fire Department Trainee Program

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone: _____ Email: _____

Are you between the ages of 18 to 64? YES NO

Employment Information

Employer: _____ Phone: _____

Address: _____

Occupation: _____

Responsibilities: _____

From: _____ To: _____

Education Information

Highest Level of Education Completed: _____

Degrees or Diplomas Obtained: _____

Educational Institutions Attended: _____

Trade Certifications: _____

DUTY	WILLING		ABLE		EXPERIENCED	
	YES	NO	YES	NO	YES	NO
Working Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Emotional Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Objectivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays Integrity and Upholds Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit Good Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wear supplied safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in Fire Prevention and Public Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment and Apparatus Inspection, Testing and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to Emergencies including but not limited to Fires, Motor Vehicle Accidents, Medical Emergencies, Industrial Accidents, Natural Disasters, Technical Rescues, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer Experience

Do you have any volunteer or community service experience? YES NO

If yes, please list experience: _____

Certification of Application

I certify that the information included in this application is true and complete to my knowledge. I understand that a false statement may disqualify me or may be cause for dismissal.

 PRINT NAME

 SIGNATURE DATE