

TOWNSHIP OF BILLINGS
VOLUNTEER FIRE FIGHTER APPLICATION

Date of Application _____

Name _____

Surname

Given Names

S.I.N

Telephone (Home) _____ (Work) _____

Cell Phone _____ email _____

Address _____ Postal Code _____

Birthdate _____ Ont Driver's Licence _____ Class _____

Year/month/day

**** A driver's abstract will be required****

Height _____ Weight _____ Citizenship _____

Do you use corrective lenses? Yes/No Are you colour blind/ deficient? Yes/No

Are you hearing impaired? Yes/No Are you physically impaired? Yes/No

If yes, explain _____

Do you have any medical conditions that can affect your ability to safely perform essential fire-fighting tasks such as crawling, lifting, and carrying heavy objects, rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA) including working in extremely or cold environments for prolonged periods of time Yes/No

If yes to any of the above medical questions, please explain:

Do you have any other acute/chronic medical conditions that may affect your performance as a firefighter, expose others to risk, or affects medical treatment in case of any injury? Yes/No

If yes, please explain:

Present Employer: _____ Occupation: _____

Is your normal job site in Billings Twp Yes _____ No _____

Would your employer allow you to respond to daytime emergency calls during work hours?

Always ____ Usually _____ Rarely _____ Never _____

What are your regular hours of work? _____

Are you normally available to respond to daytime emergencies (Mon-Fri 7 AM to 6 PM)

Always ____ Usually _____ Rarely _____ Never _____

The Fire Dept requires you to attend Wednesday night practices (app 7 to 9 PM). There may be some alternate evening and weekend training sessions. Can you meet this requirement, the majority of the time? Yes _____ No _____

Why do you think you would be an asset to this fire department? _____

The personal information shared on this form will be used for the purpose of an operating program of the Township of Billings and will not be shared with other agencies. If you have any questions about the collection and use of this information, please contact the Fire Chief.

I, the undersigned, apply to enroll as an on-call firefighter for Billings Twp Fire Department, and undertake to perform such duties as may be assigned to me by the Fire Chief, or his delegated representatives in authority of the Billings Fire Department.

I verify that information contained on this application form is true and accurate. I hereby give consent to Billings Twp Fire Department to conduct verification of the information given, as required.

Signed

Date

If yes, please explain: _____
