



Adjala-Tosorontio Fire Department
7855 Sideroad 30, RR#1
Alliston, ON L9R 1V1
(705) 434-5055

New Recruit Documentation

Documents and requirements needed with the completed application form for the position of Firefighter

Name: _____ Date: _____

- Minimum 18 years of age
- Must be bondable
- Criminal record clearance form cleared by Ontario Provincial Police
- Must possess a valid Ontario driver's license.(Class D with Z endorsement to be obtained)
- Must provide a current drivers abstract
- Must be medically fit to perform the duties of a Firefighter and provide a letter from an Ontario medical doctor that states you are physically fit for the position.
In addition you must supply current inoculations against hepatitis as per your doctors recommendations
- Unsigned void cheque (for automatic pay deposits)
- Photo copy of your Social Insurance Number

On behalf of the Adjala-Tosorontio Fire Department I thank you for your involvement and participating in this program.

Regards,

Paul Boissonneault
Fire Chief and Emergency Services Coordinator



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DATE: _____

APPLICANTS NAME: _____
First *Last*

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: (____ / ____ / ____)
Month Day Year

PHONE NUMBER: (____) _____

SEX: MALE: _____ FEMALE: _____

FIREFIGHTER NUMBER ASSIGNED: # _____ PASS ALARM COLOUR: _____

SOCIAL INSURANCE NUMBER: _____

DRIVERS LICENSE NUMBER: _____ CLASSIFICATION: _____

NAME OF PRESENT EMPLOYERS COMPANY NAME: _____

EMPLOYERS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

POSITION HELD: _____ PHONE NUMBER: (____) _____

SUPERVISORS NAME: _____

Is your employer aware of you joining the Fire Department and have you also advised them that due to Fire Department Emergencies, you may be late for work periodically.

Yes: _____ No: _____

Does your employer approve of you joining the Fire Department: Yes: _____ No: _____



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EDUCATION

SECONDARY SCHOOL

NAME: _____
First *Last*

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: () _____

GRADE COMPLETED: _____ DIPLOMA: YES: ___ NO: ___

COLLEGE/UNIVERSITY/TRADE/TECHNICAL OR BUSINESS SCHOOL

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: () _____

LENGTH OF COURSE: ___ COMPLETED: YES: ___ NO: ___ DIPLOMA: YES: ___ NO: ___

CERTIFICATES

C.P.R.: YES: ___ NO: ___

FIRST AID: YES: ___ NO: ___

Other: _____

I _____ declare all of the foregoing information to be true to the best of my knowledge. I understand that any false statements may disqualify me from being hired or cause my release.

Applicants Signature: _____ Date Signed: _____



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MEDICAL HISTORY

DATE: _____

FIREFIGHTERS NAME: _____
First *Last*

ALLERGIES OR CONDITIONS: _____

MEDICATION REQUIRED: _____

BLOOD TYPE: _____

IMMUNIZATIONS AND YEARS RECEIVED: _____

DATE UPDATES REQUIRED: _____

DOCTORS NAME: _____ PHONE NUMBER: () _____

DOCTORS ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HEALTH CARD NUMBER: _____

EMERGENCY CONTACT: #1 NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

EMERGENCY CONTACT: #2 NAME: _____

PHONE NUMBER: _____

RELATIONSHIP: _____