



**Brooke Fire Rescue**  
**Municipality of Brooke-Alvinston**  
**Firefighter Application Form**



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**PERSONAL INFORMATION:**

Surname:		First/Given Name(s):	
Address:			
City, Province:		Postal Code:	
Home Phone:	Cell Phone:	E-mail Address:	

**EMERGENCY CONTACT:**

Name:

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Phone:

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Relationship:

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**RELATED SKILLS OR EXPERIENCE:**

Previous Firefighting/Emergency Response/Military experience?

YES

NO

If YES – Explain:

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Other Occupations/Experiences/Skills that may apply to this position:

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**EDUCATION BACKGROUND:**

Secondary/High School Name:

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Highest grade/level  
completed: \_\_\_\_\_

Post Secondary

Education: \_\_\_\_\_

Level or Degree

achieved: \_\_\_\_\_

Post Secondary

Education: \_\_\_\_\_

Level or Degree achieved:

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**OTHER INFORMATION:**

- Are you 18 years of age?
- Are you legally entitled to work in Canada?
- Are you able and willing to respond to calls whenever available – including days, night, weekends, and holidays?
  
- Have you discussed your firefighter application with your employer?
  
- Typical work schedule (days, rotating shifts etc.) \_\_\_\_\_
- Do you have your own reliable transportation?
- Are you willing to remain clean shaven?
- Have you discussed your firefighter application with your family?
- Do you possess a valid Ontario Driver's License? Class: \_\_\_\_\_
- Have you been convicted of a criminal offence for which a pardon has not been granted?
  
- Do you have valid First Aid/CPR certification?  
If YES – Provider: \_\_\_\_\_ Expiry: \_\_\_\_\_

**SUBMISSION:**

Please ensure that you have included the following documents in your package.

- Completed Application Form
- Cover Letter & Resume
- Copies of Certificates/Diplomas/Degrees

Submit completed package in person to 3236 River Street, Alvinston ON during regular business hours or email to [firechief@brookealvinston.com](mailto:firechief@brookealvinston.com).

**DECLARATION**

*I hereby declare that to the best of my knowledge, the foregoing information is true and complete, and I understand that a false statement may disqualify me from employment or result in a subsequent dismissal from employment.*

*I agree to provide, at my own expense, an official copy of my comprehensive criminal record search and vulnerable sector check from Ontario Provincial Police upon request.*

*I agree to provide the Municipality of Brooke–Alvinston a Ministry of Transportation abstract of my driving record when requested.*

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Name (Print)	Signature	Date
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Personal information contained on this form is collected pursuant to the Municipal Freedom of Information & Protection of Privacy Act and will be used for the purpose of determining suitability for employment with the *Municipality of Brooke –Alvinston*

Updated July 2022

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**OFFICIAL USE ONLY**

Date Received:

Applicant Contacted:

Status: