



# Conception Bay South Fire Department

## Volunteer Firefighter Application Entrance Requirements

1. Applications shall be completed in full using the current membership application form (CBSFD – Application for Volunteer Firefighter Form) which is available at the West Fire Station or from the Town of Conception Bay South website. Each completed application shall be submitted to the Office of the Fire Chief.
  
2. Each application form shall have the following documents attached:
  - a. Completed - CBSFD – Application for Volunteer Firefighter Form;
  - b. Personal Resume;
  - c. A photocopy of your current valid Provincial Driver's License.
  
3. Upon acceptance of the application form, all applicants will be subject to the following:
  - d. Attend an orientation session, facilitated by the Office of the Fire Chief;
  - e. A written aptitude test;
  - f. Successful completion of the physical requirements as outlined in the orientation session;
  - g. Attend a personal interview with the Fire Chief of the Conception Bay South Fire Department;
  - h. Provide a current driver's abstract from Motor Vehicle Registration – Newfoundland and Labrador;
  - i. Provide a certificate of conduct from the Royal Newfoundland Constabulary or Royal Canadian Mounted Police;
  - j. Must have 24 / 7 access to a motor vehicle for call response;
  - k. Successful completion of a three-month basic training program which will be conducted by the Conception Bay South Fire Department or other outside agency;
  - l. Upon successful completion of the training program, followed by the successful completion of a one-year probation period, the applicant will be given final acceptance, and will be permanently assigned to the Volunteer component of the Conception Bay South Fire Department.



# CONCEPTION BAY SOUTH FIRE DEPARTMENT

## APPLICATION FOR VOLUNTEER FIREFIGHTER

SURNAME		GIVEN NAMES			
DATE OF BIRTH (YYYY-MM-DD)	SOCIAL INSURANCE NUMBER	HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	
CIVIC ADDRESS	MAILING ADDRESS		TOWN	PROVINCE	POSTAL CODE
EDUCATION	POST SECONDARY EDUCATION (INSTITUTION AND PROGRAM)		HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY THE TOWN OF CBS? IF SO, WHICH DEPARTMENT, AND FOR WHAT TIME PERIOD		
DRIVER'S LICENSE NUMBER	LICENSE CLASS	LIST SUCCESSFULLY COMPLETED SAFE DRIVER TRAINING COURSES		DO YOU HAVE 24/7 ACCESS TO A MOTOR VEHICLE?	
CHECK CURRENT CERTIFICATIONS, AND INDICATE EXPIRY DATE IF KNOWN	EMERGENCY FIRST AID	STANDARD FIRST AID	CPR	OXYGEN THERAPY	

### LIST YOUR THREE MOST RECENT EMPLOYMENT EXPERIENCES

COMPANY	ADDRESS	SUPERVISOR	TELEPHONE	START DATE	FINISH DATE
POSITION	DUTIES		REASON FOR LEAVING		
COMPANY	ADDRESS	SUPERVISOR	TELEPHONE	START DATE	FINISH DATE
POSITION	DUTIES		REASON FOR LEAVING		
COMPANY	ADDRESS	SUPERVISOR	TELEPHONE	START DATE	FINISH DATE
POSITION	DUTIES		REASON FOR LEAVING		

### LIST THREE CHARACTER AND/OR PERFORMANCE REFERENCES

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE

APPLICANT'S SIGNATURE:

DATE:

**PLEASE RETURN THIS APPLICATION , ALONG WITH YOUR RESUME TO THE OFFICE OF THE FIRE CHIEF**

DATE APPLICATION RECEIVED	DATE MEDICAL FORM	DATE DRIVERS ABSTRACT	DATE EDUCATION CERT.	DATE SECURITY CLEARANCE
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