



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

## **New Recruit Application**

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Minimum 18 years of age
- Criminal and Vulnerable Sector Clearance Check cleared by Ontario Provincial Police. Authorization Form obtained with this Application to take to the Nottawasaga OPP Detachment Office.
- Two pieces of Original Photo Identification required when attending the OPP (Passport, Birth Certificate, Driver's Licence)
- Must possess a valid Ontario driver's license.(Class D with Z endorsement to be obtained within 18 months of hire)
- Must provide a current drivers abstract
- Must be medically fit to perform the duties of a Firefighter and provide a signed Medical Consent Form from an Ontario medical doctor that states you are physically fit for the position. In addition you must sign a Physical Release Form. Medical Forms attached in this package.
- Unsigned void cheque (for automatic pay deposits)

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

Ralph Snyder  
Fire Chief & Community Emergency Management Coordinator



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

DATE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_  
*First Last*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  
*Month Day Year*

PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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 (Attached all certificates to application)

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: \_\_\_\_\_

**(Note: this page can be filled out later on after acceptance with the Fire Department)**



## Fire Department Physical Abilities Assessment Medical Consent Form

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### APPLICANT INSTRUCTIONS

You are required to have this medical consent form completed by the medical practitioner of your choice. In order to be able to participate in this assessment, this form shall be returned, properly endorsed, to the fitness appraiser. If any of the components cannot be completed, you will not be permitted to take in the assessment on the scheduled date.

### PHYSICIANS INSTRUCTIONS

Candidates applying to the Adjala-Tosoronto Fire Department for the position of part-time fire fighter must undergo a physical abilities assessment to determine their ability to physically carry out the bona fide occupational requirements of the position. The candidate is required to obtain medical clearance prior to completing the components indicated below. A description of each component is provided for your information. All components are to be conducted consecutively with no rest between components.

1. Hose carry and stair climb test – Carry one (1) 2.5 inch x 100ft hose and proceed up and down a flight of stairs three times.
2. Hose lift – Using a rope to hoist and lower in a hand over hand manner a 50ft roll of hose a height of approximately 10ft three times.
3. Mannequin drag/carry - Drag a mannequin weighing 170lbs from a starting point through four pylons in a serpentine pattern and back.
4. Forcible entry – Using a 8lbs sledge hammer to move a steel beam approximately 15 inches, swinging the hammer down between your legs.
5. Run/walk – Running or Walking a distance of approximately 250ft.
6. Hose drag – Drag a 4 inch hose filled with water 100ft to the finish.

The first six evolutions are timed and the following two are a pass or fail.

7. Confined space test – enter a pipe 24 inches in diameter moving a distance of 20 ft from start to finish with no ability to see.
8. Ladder climb – climb a 40ft ladder and once at the top uncouple and re-couple a ladder mounted hose cap and descend the ladder.

**Please complete the section found on the back of this page and return to fire department staff at the time of the physical assessment.**

**Assessment Results of Qualified Physician**

Name of Applicant: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

In your opinion, is the individual medically able to complete the Adjala-Tosorontio Fire Department physical fitness assessment?

**YES or NO (please circle)**

Remarks: If it is advised that the participant not complete any of the above mentioned components please comment:

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Name of Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Note: this page can be filled out later on after acceptance with the Fire Department)**



## Fire Department Consent and Release Form Fire Fighter Physical Release Form

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**I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE:**

- My consent to perform a fire fighter physical aptitude test consisting of:
  1. a ladder climb test
  2. a confined space test
  3. a hose carry/stair climb
  4. a hose raise
  5. a mannequin drag
  6. a simulated forcible entry
  7. a run/walk
  8. a hose drag
- My obligation to immediately inform the appraiser of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately following the testing.
- My understanding that I may stop the testing if I so desire and that the testing may be terminated by the appraiser upon observation of any symptoms of distress or abnormal fatigue.
- That I have no knowledge of any physical health problem that may be prohibit my participation in the testing process.
- That I hereby release the Adjala-Tosorontio Fire Department, its agents, officers and employees from any liability with respect to any damage or injury (including death) that I may suffer during the administration of the fire fighter physical aptitude test except where the damage or injury is caused by the negligence of the Adjala-Tosorontio Fire Department or its agents, officers and employees acting within the scope of their duties.
- That I am not performing these tests as part of my duties as a part-time fire fighter with the Adjala-Tosorontio Fire Department and therefore I am not entitled to benefits under the Workers Compensation Act.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**(Note: this page can be filled out later on after acceptance with the Fire Department)**



From the Office of the Fire Chief  
7855 30<sup>th</sup> Sideroad, RR #1  
Alliston, ON  
L9R 1V1  
(705) 434-5055 Fax: (705) 434-5051

**To: Nottawasaga OPP Detachment**

**Attention: Records**

\_\_\_\_\_

This letter is to request a Criminal Record Check including a Vulnerable Sector Screening be completed for \_\_\_\_\_, D.O.B.: \_\_\_\_\_ who will be (Volunteering/Employment) as a \_\_\_\_\_ with our agency/group.

Should you have any questions or require anything further please do not hesitate to contact the undersigned.

CLARIFY REASON FOR VSS REQUEST: (To obtain volunteer  
employment with the Township of Adjala-Tosorontio Fire Department)

\_\_\_\_\_

*Ralph Snyder*

\_\_\_\_\_

Authorized Signature – Fire Chief      Applicant’s Signature

Date: \_\_\_\_\_      Date: \_\_\_\_\_