

# Application For Employment

## Pro-Tec Fire Services of Canada, ULC

2129 S. Oneida Street  
Green Bay, WI 54304 USA  
Phone: 920-494-8851  
Toll-Free : 1-800-242-6352  
Fax: 920-494-5384  
Website: [www.protecfire.com](http://www.protecfire.com)

We consider applicants for all positions without regard to race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability, or pardoned conviction.

*Please Print or Type*

**Position(s) Applied For and Location:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_  
How Did You Learn About Us? \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

**Last Name**                      **First Name**                      **Middle Name**

**Address**                      **Number**                      **Street**                      **City**                      **Province**                      **Postal Code**

Cell number with area code

Alternate phone number with area code

Have you ever been employed with us before?                      \_\_\_ Yes \_\_\_ No

If yes, give date(s)/location(s).                      \_\_\_\_\_  
Date                      Location

Are you at least 18 years of age?                      \_\_\_ Yes \_\_\_ No

Are you currently employed?                      \_\_\_ Yes \_\_\_ No

May we contact your present employer?                      \_\_\_ Yes \_\_\_ No

Are you legally entitled to work in Canada?                      \_\_\_ Yes \_\_\_ No

*Proof of citizenship or immigration status will be required upon employment.*

On what date are you available for work? \_\_\_\_\_ **Salary Desired:** \_\_\_\_\_

Are you available to work:                      \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Shift Work

Will you work additional time during the week if necessary?                      \_\_\_ Yes \_\_\_ No

Are you currently on "lay-off" status and subject to recall?                      \_\_\_ Yes \_\_\_ No

Can you travel if a job requires it?                      \_\_\_ Yes \_\_\_ No

Are you eligible for bonding?                      \_\_\_ Yes \_\_\_ No

**Education**

Name and Address of School		Course of Study	Years Completed	Diploma or Degree
High School				
University or College				
Trade School or Business School				

**Employment Experience**

Begin with your current job and list all employers for the last **ten** years. Include part-time, full-time and all periods of employment. If there are gaps in time between jobs, use one section below to explain each gap. You may exclude organizations that indicate race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability, or pardoned conviction.

**1.** Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Reason for Leaving			

**2.** Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Reason for Leaving			

3. Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Reason for Leaving			

4. Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Reason for Leaving			

5. Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

**References:**

1. \_\_\_\_\_  

Name	Address	Occupation	Phone #	Email
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2. \_\_\_\_\_  

Name	Address	Occupation	Phone #	Email
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3. \_\_\_\_\_  

Name	Address	Occupation	Phone #	Email
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**Specialized Skills**

**Check Applicable Skills, Experience, Certifications, Licenses, Equipment Operated:**

<b><u>AFE/AREE Exp.</u></b> ( ) Military ( ) Civilian ( ) No. of Years ( ) None	<b><u>Aircraft Exp.</u></b> ( ) Military ( ) Commercial ( ) General Aviation ( ) None	<b><u>Airport Exp.</u></b> ( ) Military ( ) Civilian ( ) None	<b><u>FF Certified</u></b> ( ) FF I ( ) FF II ( ) Fire Control ( ) None ( ) Other _____	<b><u>Structural FF Exp.</u></b> ( ) Paid Dept ( ) Volunteer Dept ( ) No. of Years ( ) None	<b><u>HAZMAT Cert.</u></b> ( ) Awareness ( ) Operational ( ) Technician ( ) None
<b><u>Security Exp.</u></b> ( ) School ( ) Work Exp. ( ) Military ( ) Commercial ( ) None	<b><u>Rescue Exp.</u></b> ( ) Jaws ( ) High Angle ( ) Water ( ) Confined Space ( ) None	<b><u>EMS</u></b> ( ) Current EMR ( ) Current CPR ( ) Current EMT ( ) Current EMT-P ( ) Current First Responder	<b><u>Office Machines/Software</u></b> ( ) Calculator ( ) Computer ( ) Excel ( ) Word ( ) PowerPoint ( ) Windows	<b><u>Miscellaneous</u></b> Valid Driver's License ( ) Yes ( ) No Class 4 Driver's License ( ) Yes ( ) No Air Endorsement ( ) Yes ( ) No Hepatitis B Inoculation ( ) Yes ( ) No Vaccination Date: _____	

Upon request, you will be required to provide copies of original documents to verify any certificates, licenses, diplomas, degrees, designations and drivers' abstract listed above, as well as proof of citizenship or current legal right to work in Canada. Please also provide copies of Service Record from the Military (if applicable):

**List Job Related Skills and Qualifications from Employment or Other Experience:**

**You may exclude organizations that indicate race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability, or pardoned conviction.**

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Do you have a disability that will affect your ability to perform any of the functions, work in the conditions, and/or work the schedule of the position for which you have applied? Yes \_\_\_\_ No \_\_\_\_

If the answer to the above is "yes," what can you not perform, and what accommodations could be made that would allow you to do the work adequately? \_\_\_\_\_

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**CERTIFICATE OF AUTHORIZATION, RELEASE AND CONSENT TO THE COLLECITON, USE AND DISCLOSURE OF PERSONAL INFORMATION**

I certify that answers given in this application are true and complete to the best of my knowledge. I release from all liability or legal claims every person seeking or providing information in connection with my application for employment, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

I understand that any false or misleading information I knowingly provided in my application materials or interview(s) and any past employers I have omitted from my application materials may disqualify me from employment or, if employed, result in termination for just cause at any point in my employment and/or legal action against me. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any agreements reached between the employer and me. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

By applying for this position, I hereby give my consent to Pro-Tec Fire Services of Canada ULC, and its recruiters and managers, to do the following for the purpose of considering my application for employment, verifying the information I have provided, conducting reference checks and assessing my qualifications and suitability for the position for which I applied:

- (a) access and use the personal information contained in my application form and/or my resume, if submitted;
- (b) contact the educational institutions, certification granting organizations, employers and/or references listed in my application materials or in my resume, if submitted, and obtain my personal information from them;
- (c) access and use the information contained in my criminal record check, vulnerable sector check and security clearance application, obtained as a result of such checks and application;

- (d) access and use the information in my Driver's Abstract;
- (e) in the event I receive a conditional offer of employment, I agree to submit to a pre-employment physical fitness test and medical examination, and consent to Pro-Tec's access and use of the information obtained as a result to assess my qualifications and suitability for the applied position.

***I have read*** (or have had read to me), understand and agree and consent to the above statement. (Please initial here). \_\_\_\_\_

This application for employment shall be retained on file for a period of time not to exceed **60 days**. After that time, applicants will be required to resubmit a completed application. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

I CERTIFY, ACCEPT AND CONSENT TO ALL terms set out above.

Applicant's Signature: \_\_\_\_\_

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