

# 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 most recent 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 ( drawing unemployment, illness, etc. ) use one section below to explain each gap. You may exclude organizations which indicate race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability, or pardoned conviction.

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

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

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

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

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

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

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

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

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

Employer	Date Employed From   To		Work Performed
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
------	---------	------------	---------	-------
2. \_\_\_\_\_  

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

Name	Address	Occupation	Phone #	Email
------	---------	------------	---------	-------

# Specialized Skills

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

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

Please 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, marital status, family status, disability, or pardoned conviction.**

---



---



---

Do you have a physical disability which will affect your ability to perform any of the functions for which you have applied?  Yes  No

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

---

## **CERTIFICATE OF AUTHORIZATION AND RELEASE**

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).* \_\_\_\_\_

This application for employment shall be considered active 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).* \_\_\_\_\_

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special 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).* \_\_\_\_\_

**Consent to the collection, use and disclosure of personal information:**

By applying for this position, I hereby give my consent to Pro-Tec Fire Services of Canada ULC, and its recruiters and managers, to:

- (a) access and use the personal information contained in my application form and/or my resume, if submitted;
- (b) contact the references named herein or in my resume, if submitted;
- (c) access and use the information contained in my criminal record (if any) obtained as a result of the criminal record check;
- (d) access and use the information in my Driver's Abstract obtained from Newfoundland Government Insurance;
- (e) in the event that I am offered a position, I agree to submit to a physical fitness test and/or a medical examination, and consent to Pro-Tec's access and use of the information obtained as a result, and to use any of the information collected as per above to assess my experience and suitability for the applied position.

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

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

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