



APPLICATION FOR TEMPORARY FIREFIGHTER (2025)

St. John's Regional Fire Department

This Application Form must be submitted to apply for a Temporary Firefighter position with SJRFD. Resumes will NOT be accepted. Please ensure you complete this form and attach all supporting documentation. Scoring will be based only on the information provided on this form.

SECTION 1 – Personal Information

Last Name		First Name		Middle Name (if applicable)
Street No.	Street Name	City	Province/State	Postal/Zip Code
Phone Number		Email Address		Are you legally eligible to work in Canada? <div style="text-align: right;">Yes No</div>

SECTION 2 – Minimum Qualifications

These are the **MINIMUM QUALIFICATIONS**. Please check the boxes below to ensure you are fully qualified for this position. **If you have checked “no” to any of the following qualifications or requirements, you will be automatically screened out of the selection process unless otherwise indicated. Also, if the required documentation is not attached, you will be screened out of the selection process.**

Documentation Attached?	NOTE: APPLICATION WILL BE SCREENED ON THIS INFORMATION. FILL OUT COMPLETELY AND ACCURATELY AND ENSURE COPIES OF ALL DOCUMENTS BELOW ARE UPLOADED WITH THIS APPLICATION.	
Attached	Firefighter II Certification from an IFSAC or PROBOARD Certified Fire Service Training Facility. Please State your IFSAC Seal # for NFPA Firefighter Level II. If you select “Pending”, you must attach confirmation that you are scheduled to write the Firefighter II exam for your IFSAC Seal on or before October 30, 2025.	Yes No Pending IFSAC Seal or ProBoard Number: _____
Attached	Successful completion of high school or equivalent	Yes No
Attached	Class 03 Newfoundland and Labrador Drivers' License with 09 (air brake) endorsement	Yes No
Attached	Advanced First Aid for Firefighter's Certificate, or equivalent certificate	Yes No
Attached	Successful completion of a Job-Related (Physical) Test including VO2 Max test (score of 42.5 ml/kg/min or higher) dated 6 months or less from application closing date.	Yes No
Attached	A valid Criminal Record Screening Certificate with Vulnerable Sector check from the RNC or RCMP dated 6 months or less from application closing date	Yes No

Please indicate your preferred site to write the Firefighter exam on October 30, 2025.

St. John's Corner Brook Out of province

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SECTION 3 – Education				
Type	Name of Program	Name of Certificate/Diploma/Degree Received	Length of Program	Completion
University College Fire School Other				Complete Partially Complete
University College Fire School Other				Complete Partially Complete
University College Fire School Other				Complete Partially Complete

Work Term Experience - If you answer yes in section A please proceed to section B, if you answer no in section A, you do not need to complete section B.

A. Have you completed a Firefighter Work Term?		Yes	No
B. Work Term Details:	Name of Organization:	Start/End Dates (mm/dd/yy)	
		From _____ to _____	
	List main duties and responsibilities:		

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SECTION 4 – Employment Experience (Beginning with the most recent employer, include full-time & part-time positions)		
Name of Employer	Your Position Title	Position Status Full-Time Part-Time Casual/On-Call
Employer Location	Start Date	End Date
Reason for Leaving (must be completed if applicable)		
List Main Duties and Responsibilities		

Name of Employer	Your Position Title	Position Status Full-Time Part-Time Casual/On-Call
Employer Location	Start Date	End Date
Reason for Leaving (must be completed if applicable)		
List Main Duties and Responsibilities		

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Name of Employer	Your Position Title	Position Status Full-Time Part-Time Casual/On-Call
Employer Location	Start Date	End Date
Reason for Leaving (must be completed if applicable)		
List Main Duties and Responsibilities		

Name of Employer	Your Position Title	Position Status Full-Time Part-Time Casual/On-Call
Employer Location	Start Date	End Date
Reason for Leaving (must be completed if applicable)		
List Main Duties and Responsibilities		

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SECTION 5 – Fire Certifications and Licensing

Please indicate which of the following certificates you have completed. Check all that apply and attach proof of successful completion.

NFPA 472/1072 – HazMat Response Technician Level		Yes	No	Pending
NFPA 472/1072 – Hazardous Materials Operations		Yes	No	Pending
NFPA 1002 – Fire Pumper / Driver Operator		Yes	No	Pending
NFPA 1006 – Technical Rescuer – Rope Rescue		Yes	No	Pending
NFPA 1006 – Technical Rescuer – Confined Space Entry		Yes	No	Pending
NFPA 1006 – Vehicle Rescue Level II		Yes	No	Pending
NFPA 1005 – Marine Fire Fighting for Land-Based Fire Fighters		Yes	No	Pending
NFPA 1021 – Fire Officer Professional Qualifications		Yes	No	Pending
NFPA 1041 – Fire Services Instructor Professional Qualifications		Yes	No	Pending
Driving Experience (please provide details of relevant classes excluding Class 05)	Class Type	Date Obtained: mm/dd/yy		Is this Class current?
	_____	_____		Yes No
	_____	_____		Yes No
	_____	_____		Yes No

SECTION 6 – Volunteer Experience

Please provide details of your independent community volunteer work from 2023-2025 that is **NOT** affiliated or sponsored by an employer. **Verification of the number of hours volunteered per year must be submitted with your application.**

Volunteer Community Involvement	Name of Organization:	Start/End Date (mm/dd/yy)	Average # of Hours Per Year:
(Jan 2023 – Sept 2025)	_____	From _____ to _____	_____ hr/year
	_____	From _____ to _____	_____ hr/year
	_____	From _____ to _____	_____ hr/year
Provide details of your Volunteer Community Involvement:			

Please provide details of your volunteer Firefighting experience from 2023-2025. **Verification of the number of hours volunteered per year must be submitted with your application.**

Volunteer Firefighting Experience	Name of Fire Department:	Start/End Date (mm/dd/yy)	Average # of Hours Per Year:
(Jan 2023 – Sept 2025)	_____	From _____ to _____	_____ hr/year
	_____	From _____ to _____	_____ hr/year
	_____	From _____ to _____	_____ hr/year
Provide details of your Volunteer Firefighting Experience:			

SECTION 7 – Further Information

This section will allow you to list any additional knowledge or experience you have that may be related to this position. **If you are providing more information to elaborate on a previous section, please reference the applicable section number.** When describing additional experience, you must provide the name of the organization where it was obtained and relevant dates.

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SECTION 8 – Reference Consent

Please list below three work references that we may contact, preferably a current or former supervisor. **DO NOT** list relatives or friends.

Name	Phone Number ()	Email Address
Organization		Working Relationship
Name	Phone Number ()	Email Address
Organization		Working Relationship
Name	Phone Number ()	Email Address
Organization		Working Relationship

SECTION 9 – Signature and Consent

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

I understand that applications will only be accepted and retained for advertised competitions and only those moving to the next Stage will be contacted.

Signature

Date

SECTION 11 – Privacy Notice

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of Recruitment. Questions about the collection and use of the information may be directed to Department of Human Resources, hr@stjohns.ca or 709-570-4444.