

OFM – CURRICULUM COMPONENTS/TESTS – SUCCESSFUL COMPLETION <i>(Applicants who have OR are eligible to receive a completed OFM Certificate of Achievement)</i>	
Skills Inventory Questionnaire For Firefighter Applicants – 2009 Campaign (Addendum to on-line Application for Employment)	Name: _____ Address: _____ _____ _____

You must complete this questionnaire. **This is a screening tool for us and it is CRITICAL for you to complete it accurately.** This could take you up to one hour to prepare and complete. BE THOROUGH, BE ACCURATE. **Include photocopies of ALL certificates (First Aid & CPR), licences and all copies of relevant documents.** Photocopies of any documentation is necessary to support your statements on this questionnaire.

Skills Inventory Checklist - Indicate your knowledge/experience in the following skill areas by checking the appropriate boxes below. Wherever you indicate that you have the relevant knowledge or experience, please elaborate in the space provided.

	YES	NO	COMMENTS OR DETAILS If yes, answer questions listed:
1. Post-Secondary Education - Trades Qualifications <ul style="list-style-type: none"> • College Diploma (other than Fire Related Programs) <input type="checkbox"/> • University Degree <input type="checkbox"/> • Licenced Trade <input type="checkbox"/> • Other Post-Secondary Education Specify: _____ <input type="checkbox"/> 			Name of Educational Institution(s): Area(s) of Study: Year Diploma/Degree/Trade Licence obtained: Specify Trade (if applicable):
2. Community College - Fire Protection Engineering Technician/Technology Programs <ul style="list-style-type: none"> • Fire Protection Engineering Technician Diploma <input type="checkbox"/> • Fire Protection Engineering Technology Diploma <input type="checkbox"/> 			Name of Educational Institution: Year Diploma Obtained:
3. Fire Service Career Preparation or Pre-Service Training Certificate Programs / Fire College Programs <ul style="list-style-type: none"> • Community College Certificate <input type="checkbox"/> • University Fire Program <input type="checkbox"/> <p>Note: If your OFM - Ontario Firefighter Certification is <u>in progress</u>, in that you have not passed the OFM Curriculum testing with a mark of 70% or greater and do not have a confirmation letter of passing, please use skills form NON-OFM APPLICANT</p> <ul style="list-style-type: none"> • OFM testing completed with a pass mark of 70% or greater in components A & B (or components 1, 2 and 3) with confirmation letter of passing (eligible for Firefighter Certificate of Achievement) <input checked="" type="checkbox"/> 			Name of Educational Institution: Number of Courses or Modules Completed: Year Curriculum completed:

<p>4. Previous or Current Firefighting Experience (Industrial, Municipal, Volunteer)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>How long? Where?</p>
<p>5. Previous Emergency Services Experience (Ambulance Attendant, Paramedic, Police)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>How long? Where?</p>
<p>6. Previous Military/Coast Guard Experience (Full-Time Regular Force, Reserve/Militia, Cadets, Coast Guard)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Dates of Service? Rank? Unit name? Geographic postings served?</p>
<p>7. Lifeguard</p> <ul style="list-style-type: none"> • NLS Certification 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Year of Certification or Renewal? (Copy must be attached for credit)</p>
<p>8. Self Contained Breathing Apparatus (SCBA) or Self Contained Underwater Breathing Apparatus (SCUBA)</p> <ul style="list-style-type: none"> • PADI, NAUI, Scott Air Pack or equivalent certificate • Licenced Diver 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>Specify certificate: (Copy of certificate must be attached for credit) If a Licenced Diver, specify number of years of experience:</p>
<p>9. Occupational Health and Safety</p> <ul style="list-style-type: none"> • Basic Course/Training/WHMIS • Certified Health & Safety Committee Member • WHMIS Instructor 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(Copy of card or certificate must be attached for credit)</p>
<p>10. Climbing Skills - Mountain/Rope</p> <ul style="list-style-type: none"> • Certificate received • High Ladder or Rope work • High Rigging experience 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(Copy of certificate must be attached for credit) Name Educational, Recreational or Industrial Institution: Year Obtained: Years of experience (if applicable):</p>
<p>11. Medical, Ski Patrol or other Professional Emerg. Service Certification</p> <ul style="list-style-type: none"> • AEMCA Certification • Registered Nurse • Certified Ski Patrol • Confined Space training • Other Emergency Service Certification - Specify _____ 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>(Copy of certificate must be attached for credit) Certificate or Licence? Educational Institution: Year Obtained: Specify number of years of experience in this field:</p>

12.	Coaching/Teaching/Counselling/ Recreation Leadership			(Copy of certificate must be attached for credit) Details: How long?
	<ul style="list-style-type: none"> • Certificate received 	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Volunteer Work (e.g. Children, Geriatric, Special Needs)			How long have you volunteered? Details: (Copy of a certificate of participation <u>or</u> reference letter from the organization involved, must be attached for credit)
	<ul style="list-style-type: none"> • Volunteer • Volunteer in a Leadership Role 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
14.	Driving Heavy Vehicles			Specify Type of Driver's Licence: How many km. driven per year with a Heavy Vehicle?
	<ul style="list-style-type: none"> • Experience driving a DZ vehicle • Experience driving a AZ, BZ, or CZ vehicle 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
15.	Operating Heavy Equipment			Specify heavy equipment operated: How long?
	<ul style="list-style-type: none"> • Experience with construction/farm equipment or crane operation 	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Specialized Aircraft Licencing			Specify aircraft operated: Date licenced? Specify number of hours logged.
	<ul style="list-style-type: none"> • Pilot's or Helicopter operator's licence 	<input type="checkbox"/>	<input type="checkbox"/>	
17.	City of Mississauga Resident			Specify your present address in Mississauga:
	<ul style="list-style-type: none"> • A resident who has a mailing address <u>and</u> currently lives in the City of Mississauga. 	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Standard First Aid			Specify the organization who certified your Standard First Aid: Date of certification: <u>or</u> Date of expiry:
	<ul style="list-style-type: none"> • Certified in Standard First Aid 	<input type="checkbox"/>	<input type="checkbox"/>	
19.	CPR "C" level ("Basic Rescuer")			Specify the organization who certified your CPR "C": Date of certification: <u>or</u> Date of expiry:
	<ul style="list-style-type: none"> • Certified in CPR "C" 	<input type="checkbox"/>	<input type="checkbox"/>	

I have attached photocopies of any relevant documents or certificates that confirm the above information. I certify that the above information is true and I understand that any untrue statements may be grounds for suspending my application, and/or dismissal from any position that I may receive.

Date: _____ Applicant Signature: _____