



Paid-on-Call FireFighter Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Physical Address PO Box #

_____ City Prov Postal Code

Home Phone: () _____ Alternate Phone: () _____

E-mail: _____

Are you legally entitled to work in Canada? Yes No

Are you between the ages of 18 and 60? Yes No

Do you have a valid BC Driver's license? Yes No Class: _____

Have you ever been employed by the Northern Rockies Regional Municipality, Northern Rockies Regional District, or the Town of Fort Nelson?

Yes No If yes, when? _____

Have you ever been convicted of a criminal offence for which you have not been pardoned?

Yes No

Offers of employment with the Northern Rockies Regional Municipality are conditional pending a criminal records check. Conviction for a criminal offence does not necessarily preclude consideration for the position of firefighter. Convictions will be reviewed on the basis of their relation to this job.

Additional Information

Do you have any previous firefighting experience: Yes No If yes, please describe below:

Are you afraid of heights? Yes No Are you claustrophobic? Yes No

Are you in good health? Yes No (Paid-on-call firefighters are required to have regular physical exams)

The position of a firefighter entails heavy lifting and strenuous physical exercise. Do you have any medical conditions or disabilities that would inhibit your ability to perform the duties of a firefighter?

Yes No

Related Skills or Training

Indicate skill level by checking the box after the appropriate number and please provide an explanation.

- 1 = a trade, license, recognized certificate, or extensive experience
- 2 = Advanced skill level and/or post secondary courses or apprenticeships
- 3 = Familiarity acquired through personal experience, high school courses, or related training

Mechanics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Pumps, valves, or sprinklers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Electrical systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Electronic systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	
Computer technology	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	

Related Skills or Training Continued

Breathing apparatus or scuba diving	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Blueprint reading	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Firefighting tasks	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Rescue procedures	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Occupational Health and Safety	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Professional Driving	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Heavy Equipment Operation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Radio Communication	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Building construction or design	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

Highest level of education completed?

High School Some college Completed college Some university Completed university

Types of courses completed: _____

Current CPR Ticket? Yes No Level: _____ Current AED? Yes No

Current First Aid Ticket? Yes No Level: _____ Other: _____

Do you have any other relevant education skills or training? _____

Work History (beginning with most recent)

Employer: _____ From: _____ To: _____

Job Title: _____ Address: _____

May we contact this employer? Yes No If yes, phone number: () _____

Employer: _____ From: _____ To: _____

Job Title: _____ Address: _____

May we contact this employer? Yes No If yes, phone number: () _____

Employer: _____ From: _____ To: _____

Job Title: _____ Address: _____

May we contact this employer? Yes No If yes, phone number: () _____

Employer: _____ From: _____ To: _____

Job Title: _____ Address: _____

May we contact this employer? Yes No If yes, phone number: _____

What are your current hours of work? _____

Would your current employer allow you to respond to emergency calls during working hours?

Always Usually Occasionally Rarely Never

References

Please use the space below to provide any additional references.

	()	
<i>Name</i>		<i>Phone Number</i>

<i>Relationship</i>	<i>Years Known</i>

	()	
<i>Name</i>		<i>Phone Number</i>

<i>Relationship</i>	<i>Years Known</i>

	()	
<i>Name</i>		<i>Phone Number</i>

<i>Relationship</i>	<i>Years Known</i>

Applicant's Declaration

I certify that all information herein provided is true and complete to the best of my knowledge. I agree and understand that any misrepresentation or misstatements herein will forfeit all my rights from, and that I may be dismissed and disqualified from, employment with the Municipality.

I authorize the Northern Rockies Regional Municipality and their agents to contact my references or previous employers as indicated.

I understand that, as a condition of employment, I may be expected to complete a physical examination as directed by the Municipality.

I understand and agree that, as a condition of employment, if I am the successful applicant, I must comply with the Northern Rockies Regional Municipality's policy of having a criminal record check completed prior to commencing work.

Signature of Applicant

Date