



# 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.*

\_\_\_\_\_  
Name (    )  
Phone Number

\_\_\_\_\_  
Relationship Years Known

\_\_\_\_\_  
Name (    )  
Phone Number

\_\_\_\_\_  
Relationship Years Known

\_\_\_\_\_  
Name (    )  
Phone Number

\_\_\_\_\_  
Relationship Years Known

## 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