



Fire Fighter Application Form
PLEASE PRINT CLEARLY

SURNAME, GIVEN NAME

STREET AND MAILING ADDRESS

HOME/CELL PHONE

WORK PHONE

BIRTHDATE

M.S.P #

S.I.N.#

EMAIL

DATE

GENERAL INFORMATION

HOW LONG HAVE YOU LIVED AT THE ADDRESS INDICATED ON THE APPLICATION? Years _____

DO YOU? (Check *one*) _____ OWN _____ RENT

PLEASE LIST ANY PHYSICAL ACTIVITY YOU REGULARLY PARTICIPATE IN TO KEEP YOURSELF IN GOOD PHYSICAL CONDITION

HAVE YOU BEEN INVOLVED IN OTHER COMMUNITY ORIENTED VOLUNTEER WORK?

YES _____ NO _____

IF YES, PLEASE SPECIFY _____

LIST YOUR OTHER INTERESTS AND HOBBIES

HAVE YOU ANY DISABILITIES OR MEDICAL RESTRICTIONS WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF A FIRE FIGHTER?

YES _____ NO _____

IF YES, PLEASE SPECIFY _____

HAVE YOU ANY PHOBIAS (*heights, confined spaces, etc.*) WHICH MAY PREVENT YOU FROM PERFORMING THE DUTIES OF A FIRE FIGHTER?

YES _____ NO _____

IF YES, PLEASE SPECIFY _____

DO YOU SPEAK OR WRITE A SECOND LANGUAGE? YES _____ NO _____

IF YES, PLEASE SPECIFY _____

IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT (*give two contacts*)

1) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____

PHONE: HOME _____ WORK _____

2) NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____

PHONE: HOME _____ WORK _____

EDUCATION AND TRAINING

SECONDARY/HIGH SCHOOL- NAME & LOCATION _____

DID YOU GRADUATE? YES _____ NO _____

POST SECONDARY EDUCATION-NAME & LOCATION _____

COURSE TYPE _____

OTHER CERTIFICATES, LICENCES, APPRENTICESHIPS, PROGRAMS OR RELATED COURSES

(ATTACH CERTIFICATION IF POSSIBLE)

RELATED SKILLS

DRIVERS LICENSE # _____ CLASS _____ (*attach Drivers Abstract to Application*)

RESTRICTIONS _____ AIR BRAKES? YES _____ NO _____

TRUCKS/HEAVY OR LIGHT EQUIPEMENT (*specify*) _____

OTHER OPERATING SKILLS _____

FIRST AID CERTIFICATION? YES _____ NO _____ LEVEL/CLASS _____

CURRENT EMPLOYER

COMPANY _____ ADDRESS _____

OCCUPATION _____ LENGTH OF SERVICE _____

SUPERVISOR/MANAGERS NAME? _____ PHONE _____

DUTIES:

DO YOU WORK SHIFT WORK? YES _____ NO _____

WHAT ARE YOUR HOURS OF WORK? _____ TO _____

WOULD YOUR COMPANY ALLOW YOU TO RESPOND TO EMERGENCY CALLS DURING WORKING HOURS?

YES _____ NO _____

WHO CAN WE PHONE TO VERIFY THIS? NAME _____ PHONE _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES _____ NO _____

DESCRIBE YOUR EXPERIENCE/SKILLS APPLICABLE TO THE FIRE SERVICE
(i.e. carpentry, mechanical, electrical, plumbing, other)

HOW DO YOU THINK YOU WOULD BE AN ASSET TO THE TOWN OF LAKE COWICHAN FIRE DEPARTMENT?

REFERENCES *(Provide 3)*

NAME	RELATIONSHIP	PHONE

READ CAREFULLY BEFORE SIGNING

I, the undersigned, apply to enroll as a fire fighter with the Town Of Lake Cowichan Fire Department, and if accepted will undertake to perform such duties as be assigned to me by the Fire Chief, or delegate.

I hereby certify:

1. That the information given is true and I understand that any untrue statements may result in rejection of this application.
2. That I understand:
 - That my signature on this form is my permission to contact my present/past employers to obtain references and release them from any liability in connection with the *Freedom of Information Act*.
 - That there will be a 6 month probationary work period during which my performance and suitability for the position will be reviewed. Upon successful completion of the 6 month probationary period, and with the approval of the Fire Chief the applicant is then eligible to become a voting member of the Lake Cowichan Fire Department.
 - That as a condition of becoming a Lake Cowichan Fire Fighter I may be required to submit to a medical exam.
 - That I consent to a Criminal Record Check and Vulnerable Sector Check (attached to application).
 - That I consent to a Driving Record Check (attached to application).

APPLICANT SIGNATURE _____ DATE _____

Thank you for completing this application and your interest in the Lake Cowichan Fire Department

FOR DEPARTMENT USE ONLY

TESTING AND AUTHORIZATION DOCUMENTATION:

DATE APPLICATION RECEIVED _____

DATE CRIMINAL RECORD CHECK RECIEVED _____

DATE DRIVING RECORD CHECK RECIEVED _____

DATE MEDICAL EXAM PERFORMED _____

COMMENTS

ACCEPTED/REJECTED as a Probationary Member _____ Date

ACCEPTED/REJECTED as an Ordinary Member _____ Date

Personal Profile Completed: _____ Date

BY CHIEF _____