



APPLICATION FOR POSITION OF FIREFIGHTER

PLEASE PRINT ALL INFORMATION

GENERAL INFORMATION

Last name: _____ Given names: _____
House Number: _____ Street Name: _____
Mailing Address: _____
Phone (home): _____ (work): _____
Birth date (YY/MM/DD): ____ / ____ / ____

HEALTH AND CRIMINAL RECORD CHECKS

Please complete the following sections as fully as possible. A physician's assessment will be needed prior to joining the Fire Department. Medical conditions will be considered only in relation to the degree they may put you, fellow firefighters, or the public at risk or impair your ability to perform the range of tasks normally performed by a firefighter. In addition to completing the following sections, you must consent to a criminal record search by the RCMP. Criminal convictions will only be considered to the extent that they relate to employment as a firefighter. In determining whether a conviction is related to employment, all circumstances will be examined. All applicants for the position of firefighter must be bondable.

Do you have any illness, physical or emotional disability that would affect your performance as a firefighter?
If yes, please explain:

Do you have any fears or phobias (height, enclosed spaces, etc.)? If yes, please explain:

Do you wear or require corrective lenses (glasses or contact lenses?) _____

Please give names, addresses and telephone numbers of at least two persons, other than relatives, that we may contact to obtain a character reference:

EDUCATION AND EXPERIENCE

Secondary School

What is your highest grade of secondary school completed? _____ Final year of attendance: _____

Name of School: _____ City: _____ Province: _____

Post-Secondary, Vocational or Trade Training:

Name of School: _____ City: _____ Province: _____

Date of Final Year: _____ Subjects: _____

Do you have any additional qualifications, courses or special training? _____

Do you have any other marketable skills, particularly any of direct benefit to the Fire Department?

List your main hobbies and interests outside of work: _____

Do you have any previous firefighting experience?) If yes, please complete below.

Department/Agency: _____ Dates: _____

CURRENT EMPLOYMENT

Are you presently employed? Please check the box(es) that best describe your situation and explain below:

Permanent full time (35+ hrs/wk)

Temporary full time until _____

Permanent part time (hrs/wk)

Temporary part time until _____

Student

Self-employed (explain below)

Unemployed

Other (explain below)

CURRENT EMPLOYMENT (Cont'd ...)

Comments: _____

Name of present employer: _____

Immediate supervisor: _____

How long with this employer: _____ Job title or brief description: _____

Is your job site in Oliver?

Always Mostly About half time Sometimes Rarely Never

What are your regular work hours? _____ Do you work shift work? _____

If yes, please explain hours and days of work: _____

Are you available to respond to daytime fires?

Always Mostly About half time Sometimes Rarely Never

Does your position with your company allow you to respond to emergency calls during working hours?

Always Mostly About half time Sometimes Rarely Never

IMPORTANT: If always, mostly or half time, please attach a Letter of Commitment from your employer.

If accepted, you are required to attend Thursday night training (from approximately 7:00 pm to 10:00 pm)

on a weekly basis. Can you meet this requirement? _____

WORK HISTORY

Previous Employer #1

From _____ to _____ Employer: _____

Employer mailing address: _____

Supervisor name: _____ Supervisor Title: _____ Phone: _____

Job Title: _____ Full or Part time: _____ Job Duties: _____

Can we contact this employer? Y/N

WORK HISTORY (Cont'd ...)

Previous Employer #2

From _____ to _____ Employer: _____

Employer mailing address: _____

Supervisor name: _____ Supervisor Title: _____ Phone: _____

Job Title: _____ Full or Part time: _____ Job Duties: _____

Can we contact this employer? Y/N

Why do you think you would be an asset to this department?

I pledge that the information contained in this application form is accurate and complete. I hereby give consent to the Oliver & District Fire Department to conduct verification of information given, as required.

Signature _____ **Date:** _____

This completed application form may be submitted to the Municipal Office of the Town of Oliver at 6150 Main Street, Oliver during regular office hours (9 am to 4 pm, Monday to Friday), or to the Fire Hall at 369 Similkameen during scheduled practices at 7 pm on Thursdays. All applications will be kept on file for six months.

If you indicated an ability to attend fires during work hours, please attach a LETTER OF CONFIRMATION from your employer.

If you are selected for an interview and offered an opportunity to attend the required eight training and evaluation sessions, you will at that time be asked to provide the following additional information:

- Medical report form provided by the Town of Oliver
- Full driver's license abstract available from ICBC
- Consent form authorizing a Criminal Record Check by the RCMP

Thank you very much for your interest in assisting with this important aspect of community protection!