

**LAKE COWICHAN**



**FIRE DEPARTMENT**

*Fire Fighter*

*Application*

SURNAME, GIVEN NAMES (*please print*): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

M.S.P. # \_\_\_\_\_ S.I.N. # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_

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

## 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
  - That I consent to a Driving Record Check

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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)*

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

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**REFERENCES** *(Provide 3)*

NAME	RELATIONSHIP	PHONE

**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

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ACCEPTED/REJECTED as a Probationary Member \_\_\_\_\_ Date

ACCEPTED/REJECTED as an Ordinary Member \_\_\_\_\_ Date

Personal Profile Completed: \_\_\_\_\_ Date

BY CHIEF \_\_\_\_\_