



# **Paid – On – Call Firefighter**

## **Application Package**



# 100 MILE HOUSE FIRE-RESCUE

## PERSONNEL APPLICATION

Accurate, legible completion of this Application Form is the first step in the screening process. Incomplete or inaccurate applications will not be accepted. Please supply all information requested.

NAME: \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name(s)

TELEPHONE (Home): \_\_\_\_\_ TELEPHONE (Work): \_\_\_\_\_

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

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

POSTAL CODE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PERSONAL HEALTH # \_\_\_\_\_  
year / month / day

BC DRIVER'S LIC #: \_\_\_\_\_ CLASS: \_\_\_\_\_ AIR? YES  NO  RESTRICTIONS: \_\_\_\_\_

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES  NO

Citizenship: \_\_\_\_\_

How long have you resided in the area? \_\_\_\_\_

Do you have any phobias (height, enclosed spaces, etc?) YES  NO

If yes, please explain: \_\_\_\_\_

Describe your skills applicable to the Fire Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your main hobbies and interests outside of work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Last Secondary School grade completed (or equivalency): \_\_\_\_\_

Post Secondary, Vocational or Trade Training: YES  NO

Subject, degree or qualification: \_\_\_\_\_

Any additional qualifications or courses? \_\_\_\_\_

Previous firefighting experience (where and when): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous first aid experience (where and when): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Are you presently employed:

- |                                                              |                                                 |
|--------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> full time (more than 35 hours/week) | <input type="checkbox"/> student                |
| <input type="checkbox"/> part-time (more than 25 hours/week) | <input type="checkbox"/> unemployed             |
| <input type="checkbox"/> part-time (less than 25 hours/week) | <input type="checkbox"/> other (please explain) |
| <input type="checkbox"/> self employed (please explain)      |                                                 |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_

Is your job site in the fire protection area? YES  NO

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

Always  Usually  Rarely  Never

What are your regular hours of work? \_\_\_\_\_

Are you a shift worker? YES  NO

If so, please explain hours and days of work: \_\_\_\_\_



DRIVER'S ABSTRACT INCLUDED: YES  NO

CRIMINAL RECORD CHECK: YES  NO

I, the undersigned, apply to enrol as a recruit member of the Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.

I understand that if accepted as a recruit firefighter, I will have to complete a six month probation period.

I understand that promotional opportunities will depend upon positions becoming available, the results of work performance, training evaluation, the recommendation of the Fire Officers and approval of the Fire Chief.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to the District of 100 Mile House to conduct verification of the information given, as required.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

# 100 MILE HOUSE FIRE-RESCUE

## APPLICANT'S PRACTICAL EVALUATION READINESS QUESTIONNAIRE CONFIDENTIAL WHEN COMPLETED

This questionnaire is designed as a condition to the rigorous physical fitness requirements for Fire Department applicants.

- |                                                                                                                                                                           | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. <i>Have you even been bothered by shortness of breath?</i>                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia?</i>                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <i>Have you any back problems that would prevent you from lifting heavy objects?</i>                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <i>Has your Doctor ever said you have heart trouble?</i>                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <i>Do you often feel faint or have spells of sever dizziness?</i>                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Do you frequently have pains in your heart or chest?</i>                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <i>Has a Doctor ever said your blood pressure was too high?</i>                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <i>Has your Doctor ever told you that you have a bone joint problem such as arthritis, that has been aggravated by exercise, or might be made worse with exercise?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <i>Is there any good reason not mentioned here why you should not undergo strenuous physical testing or exertion, even if you wanted to?</i>                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. <i>Do you have any allergies? _____</i>                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. <i>Are you in good physical shape and accustomed to vigorous exercise?</i>                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

**Other than question 11, if you answered YES to one or more of the above questions:**

- (a) Consult with your personal physician. Explain which questions you answered "Yes" to on this questionnaire and show your physician this sheet.**
- (b) You will not be allowed to participate in the practical evaluation unless you present a written statement from your physician indicating that you are cleared to participate.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

## In Closing

The members of the 100 Mile House Fire-Rescue wish to thank you for your interest in joining them in a definitely rewarding way to contribute back to your community.

If you have any further questions about this application or would like any more information about the 100 Mile House Fire-Rescue, please feel free to contact any of the following people listed or any member of the department.

We look forward to working with you in the near future.

<b>Name</b>	<b>Rank</b>	<b>Phone</b>
Darrell Blades	Fire Chief	395-2123 or 395-6562
Rick Lewington	Deputy Fire Chief	395-2123 or 706-8172
Sean Paterson	Training Officer	395-2123 or 395-0533

