



## METCHOSIN FIRE DEPARTMENT PAID ON-CALL FIREFIGHTER APPLICATION

APPLICATION DATE:

### PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:		EMAIL:	
ADDRESS 2:		HOME PHONE:	
CITY:		CELL PHONE:	
POSTAL CODE:		WORK PHONE:	

How long have you resided in Metchosin?

Where did you previously live?

For how long?

Is your family supportive of your application?

### AVAILABILITY

Do you work shift work?	Normal work schedule (days and hours):
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When would you normally be available to attend calls, or training activities?

DAYTIME:

NIGHT TIME:

WEEKENDS:

Will your current employer allow you to attend calls during work hours?

YES

NO

If yes, include employer name and signature:

NAME:

SIGNATURE:

Include other availability considerations:

### HOBBIES & INTERESTS

What do you do in your spare time?

Are you involved in any sports, groups or activities?

### VOLUNTEER EXPERIENCE:

ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:

### EDUCATION

*Include copies of GED, graduation and trades certificate(s), diplomas, degrees, etc.*

Last grade completed:	Year completed:
Post-secondary:	Year completed:
Technical or Trade:	Year completed:

EMPLOYMENT		
CURRENT OCCUPATION:	COMPANY NAME:	
Work Address:	How long with current employer?	
Supervisor Name:	Phone:	
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:	
Employment Dates: FROM: TO:	Supervisor Name:	
Reason for Leaving:	Supervisor Phone:	
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:	
Employment Dates: FROM: TO:	Supervisor Name:	
Reason for Leaving:	Supervisor Phone:	
SPECIALIZED TRAINING & EXPERIENCE		
TYPE	NO	YES (please provide details)
FIRST AID OR FIRST RESPONDER		
CPR/AED		
RESCUE TRAINING		
LEADERSHIP TRAINING		
PUBLIC EDUCATION TRAINING		
FIREFIGHTING		YEARS SERVED:  RANK/POSITION:  FIRE DEPARTMENT:
LIST ANY OTHER RELEVANT TRAINING OR EXPERIENCE (swimming, SCUBA, climbing, coaching, etc.)		
HEALTH & MEDICAL INFORMATION		
Are you physically active?	YES	NO If YES, avg. hours/week:
Do you have any phobias (heights, confined space, etc)?	YES	NO If YES, details:
Do you wear glasses or contact lens?	YES	NO If YES, details:
Do you have any hearing difficulties?	YES	NO If YES, details:
Back issues that would prevent you from lifting heavy objects?	YES	NO If YES, details:
Has a doctor ever said that your blood pressure was too high?	YES	NO If YES, details:
Have you recently completed a medical or fitness exam?	YES	NO If YES, details:
Any past respiratory or breathing difficulties?	YES	NO If YES, details:
Any other health or medical issues we should be aware of?	YES	NO If YES, details:
ADDITIONAL HEALTH & MEDICAL NOTES:		

## BACKGROUND CHECK - PROVIDE TWO PERSONAL REFERENCES

NAME:		ADDRESS:	
PHONE:		EMAIL:	
NAME:		ADDRESS:	
PHONE:		EMAIL:	
I am not facing any criminal charges, and I have no record for any criminal conviction.			TRUE      FALSE
I may, or do, have a record for a criminal conviction - or, I am facing criminal charges.			TRUE      FALSE
Details of any criminal record (NOTE: this <i>may</i> result in your disqualification)			

## AUTHORIZATION

I hereby authorize Metchosin Fire Department to review and authorize each character reference, employer and educational institution as named above to provide any information in regards to this application.

I certify that the above information provided is correct and true to the best of my knowledge and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from Metchosin Fire Department.

I agree to complete and submit a criminal record check with the RCMP.

APPLICANT SIGNATURE:

DATE:

## ENSURE THAT YOU SUBMIT A FULL APPLICATION PACKAGE

	COMPLETE Application Form Signed and Dated
	Copies of Education/Graduation and Special Training Certificates
	Copy of Drivers License Front and back
	Copy of Drivers Abstract
	Vulnerable Sector Police Information Check



*Joint Recruit Class of 2019 - Sooke Fire and Metchosin Fire*