



200 – 10<sup>th</sup> Ave. North  
 Box 1339  
 Creston, BC V0B 1G0  
 Phone: (250) 428-4321  
 Fax: (250) 402-6595

## CRESTON FIRE RESCUE FIRE FIGHTER APPLICATION

This information is being collected under the authority of the **Freedom of Information and Protection of Privacy Act**. It will be used to determine whether the applicant is suitable and qualified for appointment to the position. This information will also be used to manage Creston Fire Rescue & the Town of Creson's human resources for fire protection and emergency responses.. If you have any questions about the collection of this information contact the Fire Chief at (250) 428-4321.

<b>CURRENT DATE:</b> (YYYY-MM-DD)		Please give <b>COMPLETE</b> and <b>CONCISE</b> answers and submit this form to Creston Fire Rescue at 200 – 10 <sup>th</sup> Ave. North, Box 1339, Creston, BC V0B 1G0 or fax it to (250) 402-6595.
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*SURNAME	*FIRST NAME	MIDDLE NAME OR INITIAL

*ADDRESS – RESIDENTIAL				
APT.	NUMBER	STREET	CITY	POSTAL CODE

*ADDRESS – MAILING ADDRESS (if different from above)				
APT.	NUMBER	STREET	CITY	POSTAL CODE

*EVENING OR HOME PHONE	DAY OR WORK PHONE	CELL PHONE	PAGER

*EMAIL ADDRESS (if applicable):

### **PERSONAL DATA**

*BIRTHDATE (MM/DD/YYYY)	*AGE	*GENDER	*SOCIAL INSURANCE NO.
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
*PERSONAL HEALTH NO. (BC MEDICAL)		LICENSE CLASS (Check all applicable)	
		<input type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 4 <input type="checkbox"/> CLASS 2 <input type="checkbox"/> CLASS 5 <input type="checkbox"/> CLASS 3 <input type="checkbox"/> CLASS 6 <input type="checkbox"/> AIR BRAKES ENDORSEMENT <input type="checkbox"/> RESTRICTED ("L" OR "N" LICENCE)	
*DRIVER'S LICENSE NO.	*LICENCE EXPIRY DATE	DATE OF RESTRICTION REMOVAL ("N")	

### **EMERGENCY CONTACT**

*EMERGENCY CONTACT PERSON	*RELATIONSHIP		
* HOME PH: (Emergency Contact)	WORK PH: (Emergency Contact)	CELL PH: (Emergency Contact)	PAGER (Emergency Contact)

SURNAME	APPLICATION DATE

***FAMILY INFORMATION – (optional)***

<b>NAME OF SPOUSE (include last name if different)</b>			
<b>HOME PH: (optional)</b>	<b>WORK PH: (optional)</b>	<b>CELL PH: (optional)</b>	<b>PAGER: (optional)</b>
<b>List Below (if any) Dependents (use additional sheet if necessary)</b>		<b>BIRTHDATE: (MM/DD/YYYY)</b>	<b>RELATIONSHIP:</b>
NAME:			
NAME:			
NAME:			
NAME:			
NAME:			

***MEDICAL INFORMATION***

<b>* NAME OF PHYSICIAN</b>			<b>PHYSICIAN'S PHONE</b>
<b>*DATE OF LAST PHYSICAL (MM/DD/YYYY)</b>	<b>*HEIGHT</b>	<b>*WEIGHT</b>	<b>*ALLERGIES</b>
<b>BLOOD TYPE (if known)</b>	<b>WEAR A MEDIC ALERT TAG?</b>	<b>HAVE ANY PHYSICAL DISABILITIES?</b>	<b>REGULAR MEDICATIONS?</b>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YOU ANSWERED YES TO ANY OF THE THREE ABOVE QUESTIONS (Medic Alert, Disability Medications), PLEASE SPECIFY:</b>			

***EDUCATION***

<b>GRADE 12 (G.E.D.) COMPLETED?</b>		<b>TRADES CERTIFICATE?</b>		<b>TRADE CERTIFICATE IN?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>POST SECODNARY DEGREE?</b>		<b>PROFESSIONAL DESIGNATION</b>		<b>DEGREE / DIPOLMA / CERTIFICATE</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>AQUIRED SKILLS – Competencies / Skills – List skills or training that you have acquired that may benefit the fire department</b>					
1)		4)		7)	
2)		5)		8)	
3)		6)		9)	
<b>OTHER EXPERIENCES OR SKILLS THAT YOU FEEL MAY BE RELEVANT? (Work, Personal, or Volunteering)</b>					

SURNAME	APPLICATION DATE

**EMPLOYMENT INFORMATION**

<b>*PRESENT EMPLOYER</b>		<b>*SUPERVISOR &amp; TITLE</b>					
<b>* CONTACT PH:</b>	<b>EMPLOYER'S FAX:</b>	<b>EMPLOYER'S EMAIL</b>					
<b>*EMPLOYER'S ADDRESS</b>							
<b>UNIT</b>	<b>CIVIC NUMBER</b>	<b>STREET</b>	<b>CITY</b> <b>POSTAL CODE</b>				
<b>CAN YOU ATTEND FIRES DURING WORKING HOURS?</b>		<b>MAY WE CONTACT YOUR EMPLOYER AS A REFERENCE?</b>	<b>WHAT IS YOUR POSITION &amp;/OR TITLE?</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>LENGTH OF CURRENT EMPLOYMENT? (MM/DD/YYYY)</b>		<b>DO YOU WORK LOCALLY OR OUT OF TOWN?</b>					
- PRESENT		<input type="checkbox"/> LOCALLY <input type="checkbox"/> OUT OF TOWN					
<b>WHAT BEST DESCRIBES YOUR TYPICAL WORK WEEK? (CHECK ONE ONLY)</b>							
<input type="checkbox"/> REGULAR SCHEDULE <input type="checkbox"/> SHIFT WORK <input type="checkbox"/> EVERY WEEK DIFFERENT <input type="checkbox"/> CAMP JOB							
<b>IF YOU SELECTED REGULAR SCHEDULE, INDICATE WHEN YOU ARE AVAILABLE;</b>							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF YOU SELECTED SHIFT WORK, EVERY WEEK DIFFERENT OR CAMP JOB, DESCRIBE TYPICALLY WORK ROTATION</b>							

**GENERAL INFO & SUITABILITY**

<b>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?</b>		<b>IF YES, PLEASE BRIEFLY STATE THE PARTICULARS: (include approximate date of conviction)</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>HAVE YOU RECEIVED A PARDON FOR THE CRIMINAL OFFENCE?</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>DO YOU CONSIDER YOURSELF TO BE PHYSICALLY FIT?</b>	<b>ARE YOU SCARED OF HEIGHTS OR WORKING ON LADDERS?</b>	<b>ARE YOU CLAUSTROPHOBIC?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DO YOU HAVE ANY FIRE FIGHTING EXPERIENCE?</b>		<b>IF YOU FEEL YOU CAN NOT BE A FIRE FIGHTER, WOULD YOU BE WILLING TO DO OTHER VOLUNTEER WORK FOR THE FIRE DEPARTMENT?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>CHECK OFF OTHER DUTIES YOU WOULD LIKE TO VOLUNTEER TO THE DEPARTMENT, IF NOT AS A FIRE FIGHTER (We would provide appropriate training for all positions)</b>					
<input type="checkbox"/> FIRE PREVENTION (COMMUNITY)	<input type="checkbox"/> OFFICE / ADMINISTRATION	<input type="checkbox"/> HALL MAINTENANCE	<input type="checkbox"/> EQUIPMENT MAINTENANCE	<input type="checkbox"/> BUILDING PRE-PLANNING	<input type="checkbox"/> COMPUTER MAINTENANCE
<input type="checkbox"/> CRITICAL INCIDENT STRESS MANAGEMENT TEAM	<input type="checkbox"/> ASSIST ORGANIZING DEPARTMENT EVENTS	<b>BRIEFLY DESCRIBE OTHER DUTIES YOU WOULD BE WILLING TO VOLUNTEER FOR IF NOT AS A FIRE FIGHTER:</b>			

SURNAME	APPLICATION DATE

**GENERAL INFO & SUITABILITY (continued)**

**STATE BRIEFLY YOUR REASONS FOR WANTING TO BECOME A VOLUNTEER / AUXILIARY FIRE FIGHTER:**


**DO YOU KNOW A CURRENT MEMBER OF CRESTON FIRE RESCUE? IF YES, PROVIDE MEMBER'S NAME:**

<input type="checkbox"/> YES <input type="checkbox"/> NO	
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**REFERENCES (Employment & Character)**

NAME:	TOWN / CITY	CONTACT PHONE NUMBER
<b>Provide three (3) employment references from current and previous employment.</b>		
1)		
2)		
3)		
<b>Provide two (2) character references who has known you for a minimum of three (3) years and is not related to you.</b>		
1)		
2)		

**APPLICANT'S DECLARATION**

**READ THE FOLLOWING, SIGN AND DATE**

- 1) That all statements made in this application are true and I understand that any omission or misrepresentation of material facts herein may cause forfeiture of my rights for employment with Creston Fire Rescue & the Town of Creston.
- 2) That I understand appointment to any position within Creston Fire Rescue is dependent upon successful completion of an applicable recruit and probationary period.
- 3) That Creston Fire Rescue and/or the Town of Creston may contact my current employer and/or character references to obtain references to my character and suitability.

<b>DATE:</b>		<b>SIGNATURE:</b>	
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**FOR DEPARTMENT USE ONLY**

<i>Date Application Received:</i>		<i>Rec'd by (initials):</i>	
<i>APPLICATION REVIEWED:</i>	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	<i>DATE:</i>	<i>Initials:</i>
<i>APPLICANT CONTACTED &amp; ADVISED:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>DATE:</i>	<i>Initials:</i>
<i>DATE PERSONNEL PROFILE ENTERED &amp; COMPLETED IN RMS SYSTEM:</i>			
<i>ENTERED INTO RMS BY:</i>			