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WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**SECTION 10 – REFERENCES:**

May we contact any current or past employer as a reference?       YES       NO

If no, please explain:

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**WORK REFERENCES:** (List two references who can provide reference to work or volunteer work)

**Reference #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CHARACTER REFERENCES:** (Two people not related by blood or marriage, and were not a direct supervisor for previous employment.)

**Reference #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### **SECTION 11 – CRIMINAL RECORD CHECK**

Working as a firefighter is considered a position of trust and requires the provision of a Criminal Record Check to the Town of Creston.

While performing your duties as a firefighter, you may be responsible from time to time for the well-being of one or more children or vulnerable persons. In addition to a Criminal Record Check, we request that a search is conducted in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Record Act and has been pardoned.

**Step 1:** Contained within this application package is a letter identifying the type of Criminal Record Check required, including a Vulnerable Sector Check (VS) for sexual offences for which a pardon has been granted. Take the enclosed letter and form to your local RCMP or Police detachment to request a Criminal Record Check.

**Step 2:** Pay any fees associated with the cost of any Criminal Record Check. This cost is the responsibility of the applicant.

**Step 3:** Include Criminal Record Check with this application package and check off box on Application Cover Page (page 4).

**Note:** The Town of Creston reserves the right to have further criminal record checks performed upon offer of a position or upon arrival in Creston at the local RCMP detachment.

A criminal record does not necessarily preclude an applicant from attaining a position with the Town of Creston, as the Town of Creston is an equal opportunity employer.

For more information regarding Vulnerable Sector Checks, please visit

<http://www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks>

<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>



## CRESTON FIRE RESCUE

Box 1339, 1505 Cook St., Creston, BC V0B 1G0 Phone:  
250-428-2214 Fax: 250-428-9164



Attention: Local Police Detachment

To Whom It May Concern:

The individual listed below has applied to be a Work Experience Firefighter with the Town of Creston – Creston Fire Rescue.

Firefighters/rescuers in the community work from time to time with children and other vulnerable individuals through the course of their duties, including, but not limited to: emergency medical care, rescue work, firefighting and public education duties. As firefighters, the public places a high degree of trust in these individuals.

As such, and as a condition of employment, the individual presenting this letter requires to have a Criminal Record Check and a Vulnerable Sector Check enclosed with their application package. Any fees associated with obtaining these checks are the responsibility of the applicant.

Thank you in advance for your co-operation in providing this service. If you have any questions regarding this request for a Criminal Record Check and Vulnerable Sector Check, please do not hesitate to contact myself at (250) 428-2214, extension 511 or Assistant Fire Chief Laura Dodman at (250) 428-2214, extension 512.

Regards,

A handwritten signature in black ink, appearing to read "Jared Riel".

Jared Riel  
Fire Chief



Royal Canadian  
Mounted Police  
Canadian Police  
Information Centre

Gendarmerie royale  
du Canada  
Centre d'information de la  
Police canadienne

**CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

*This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.*

**Identification of the Applicant**

Surname		Given Name(s)		Sex D Male    D Female	
Date of Birth (Y-M-D)	Place of Birth	Current Address			
Previous addresses, if any, within the last 5 years					

**Reason for the Consent**

*I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.*

Description of the paid or volunteer position Firefighter/ Rescuer	Name of the person or organization Creston Fire Rescue (Town of Creston)
-----------------------------------------------------------------------	-----------------------------------------------------------------------------

Details regarding the children or vulnerable person(s)  
A work experience firefighter/ rescuer, who will be working in a position of trust, may work from time to time with children and other vulnerable individuals through the course of their duties, including but not limited to emergency medical care, rescue work, fire fighting and public education duties.

**Consent**

*I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.*

*I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.*

Signature of Applicant	Date (Y-M-D)
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**Canada**

A National Police Service of the  
Royal Canadian Mounted Police





**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13A – ADDITIONAL FORMS – PAST WORK EXPERIENCE**

**Please list the last five years of employment. List in order of from most recent to oldest.  
If you need additional space, utilize extra sheet at end of application package.**

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.



**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13B – ADDITIONAL FORMS - FIREFIGHTING RELATED COURSES AND CERTIFICATIONS**

**Only list certificates that will be accompanied with a copy of the certificate. Any training listed which does not include a copy of a certificate attached to application package will not be reviewed for eligibility. Do not include NFPA 1001 Certification which is documented earlier in application package.**

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

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**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13C – ADDITIONAL FORMS GENERAL COURSES AND CERTIFICATIONS**

Please provide information for non-firefighting related courses, such as WHMIS, H2S or other workplace safety courses completed.

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> YES <input type="checkbox"/> NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> YES <input type="checkbox"/> NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> Yes <input type="checkbox"/> No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> Yes <input type="checkbox"/> No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> Yes <input type="checkbox"/> No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> Yes <input type="checkbox"/> No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

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**CRESTON FIRE RESCUE  
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**13D – ADDITIONAL FORMS - COMMUNITY VOLUNTEERING EXPERIENCE**

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

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Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

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Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

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**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13E – ADDITIONAL FORMS - PERSONAL ACHIEVEMENTS**

<b>1</b>	<b>ACHIEVEMENT</b>	<b>YEAR</b>
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Provide brief details of achievement:

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<b>2</b>	<b>ACHIEVEMENT</b>	<b>YEAR</b>
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Provide brief details of achievement:

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<b>3</b>	<b>ACHIEVEMENT</b>	<b>YEAR</b>
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Provide brief details of achievement:

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<b>4</b>	<b>ACHIEVEMENT</b>	<b>YEAR</b>
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Provide brief details of achievement:

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<b>5</b>	<b>ACHIEVEMENT</b>	<b>YEAR</b>
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Provide brief details of achievement:

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PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.