



DUNCAN FIRE DEPARTMENT

PAID-ON-CALL FIREFIGHTER APPLICATION

SECTION 1 – NAME AND CONTACT INFORMATION

First Name:	Last name:
Home Address (Number, Street, City, Province, Postal Code):	
Home Phone:	Cell Phone:
Email Address:	

SECTION 2 - CANDIDATE INFORMATION

Are you 19 years of age or older?	Yes	No
Are you legally entitled to work in Canada?	Yes	No
Is your permanent residence within 8 kilometres from the Duncan Fire Hall?	Yes	No
If no: Do you live no more than 20 kilometres away and work within 8 kilometres from the Duncan Fire Hall and have the ability to leave work to respond to emergency calls during the daytime (Monday to Friday between 7:00 am and 6:00 pm)?	Yes	No

SECTION 3 – EDUCATION/QUALIFICATIONS/SKILLS

Do you hold a Grade 12 diploma or equivalent?	Yes	No
Have you completed a post-secondary qualification or trades certification? <i>If yes, please describe subject, degree or qualification:</i>	Yes	No
Do you have a valid BC driver's license, class 5? <i>Attach a photocopy of your driver's license.</i>	Yes	No
Do you have a reliable means of transportation in order to promptly arrive at the fire hall and respond to emergency calls?	Yes	No
Are you certified in any of the following:	Certification Expiry Date (mm/dd/yyyy)	
Air brake certification	Yes	No
First aid certificate, indicate type/level <i>Attach a copy.</i>	Yes	No
CPR Certificate <i>Attach a copy.</i>	Yes	No
Have you completed any courses or hold certifications specific to firefighting? <i>If yes, please provide details.</i>	Yes	No
Do you have any other skills that would be beneficial to the Duncan Fire Department (e.g. heavy equipment operation, knowledge of building construction, etc.)?	Yes	No

SECTION 4 – AVAILABILITY

If you are accepted by the Duncan Fire Department, you will be required to attend Wednesday evening practices (7:00 pm – 10:00 pm) year-round. Are you able to meet these requirements?	Yes	No
Are you willing and able to participate in the occasional weekend training event or other Department activity?	Yes	No
Do you understand that you will be required to retain and wear an emergency pager so that, if available, you will be able to respond to emergencies 24 hours per day, 7 days per week, 365 days per year?	Yes	No
Are you currently employed? <i>Please provide the name of your employer.</i>	Yes	No
Is your work location within in the Duncan response area?	Yes	No
Please describe your typical work schedule (days and hours):		
Would your employer allow you to respond to emergency calls during working hours?	Yes	No
Are you normally available to respond to daytime emergencies (Monday to Friday between 7:00 am and 6:00 pm)?	Yes	No

SECTION 5 – SUITABILITY

Have you ever been convicted of a criminal offense that may be related to the position of Firefighter or serve to negatively affect public trust?	Yes	No
PLEASE NOTE: As a condition of offer, candidates will be required to undertake a Criminal Record Check and Vulnerable Sector Check with the RCMP. DO NOT PROCEED WITH THIS STEP UNTIL REQUESTED TO DO SO BY THE FIRE CHIEF.		
Do you have any phobias (heights, confined spaces, etc.) that may prohibit you from performing the duties of a Firefighter?	Yes	No
Do you have any physical or medical restrictions that may affect your ability to perform the duties of Firefighter?	Yes	No
PLEASE NOTE: As a condition of offer, candidates will be required to have a medical examination completed by a physician certifying that they are fit to participate in Firefighting activities. DO NOT PROCEED WITH THIS STEP UNTIL REQUESTED TO DO SO BY THE FIRE CHIEF.		

SECTION 6 – VOLUNTEER/FIREFIGHTING EXPERIENCE

Please include details of your volunteer contributions, starting with the most recent. Include the name of the organization, your duties, the average number of hours per month that you volunteered (if applicable), and the reason you ended your involvement.

Please provide details concerning any previous firefighting experience that you may have.

Please provide details concerning any other experiences you have that you feel would be beneficial to the Duncan Fire Department.

SECTION 7 – REFERENCES

Please provide three references, each of whom have known you for at least three years. Do not include anyone who is related to you.

Reference #1

First name:	Last name:
Phone:	Cell phone:
Email:	Relationship to you:
Title and company name (if a previous employer):	

Reference #2

First name:	Last name:
Phone:	Cell phone:
Email:	Relationship to you:
Title and company name (if a previous employer):	

Reference #3

First name:	Last name:
Phone:	Cell phone:
Email:	Relationship to you:
Title and company name (if a previous employer):	

APPLICATION CHECKLIST

- Completed application form
- Copy of your resume
- Photocopy of your driver's license (both sides)
- Photocopies of any first aid certifications
- Photocopies of any certifications specific to firefighting

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information given on this application form is true and I understand that any false statements will disqualify me from being selected as a Paid-on-Call Firefighter or will be cause for dismissal from the Duncan Fire Department.

I understand that, as a condition of employment, I will be required to:

- Provide a copy of my driver's abstract (obtained within the previous 30 days);
- Complete a Criminal Record Check and Vulnerable Sector Check; and
- Undergo a pre-placement medical examination certifying that my health and fitness are conducive to participating in firefighting activities.

I further understand that any criminal record related to the role of Firefighter or that may negatively affect the public trust will disqualify me from consideration.

Applicant signature

Date