



DUNCAN FIRE DEPARTMENT

P.O. Box 155, Duncan B.C. V9L 3X3

EMPLOYMENT APPLICATION FORM

This application is for employment with the City of Duncan Fire Department as a paid on-call firefighter. Acceptance of an applicant will include membership in the Duncan Fire Fighter's Association and the Duncan Fire Fighter's Historical Society. All successful applicants will have to complete a one-year probationary period after which a series of written, oral and practical tests must be passed to be accepted as a fully badged fire fighter.

Complete all sections of this application form; this form is the first step in the screening process. Incomplete or inaccurate information will result in the application being denied.

Name: _____ / _____
Last Name First Name

Street Address: _____

City: _____ / Postal Code: _____

Mailing Address (if not the same as above): _____

E-Mail Address _____

Birth Date: ____/____/____ Phone # ____/____/____
Year Month Day Home Work Cell

B.C. Medical Number: _____ S.I.N.: _____

B.C. Drivers Licence Number: _____ Class: _____ Endorsement _____

Drivers Licence Restrictions: _____

Marital Status: () Single () Married

Number of dependants and ages: _____

Name of emergency contact: _____ Phone Number _____

Relationship of emergency contact: _____

Citizenship: _____ if other than Canada are you a landed immigrant: ___y ___N

Do you have your own vehicle for transportation? ___Y ___N

How long have you lived in the Duncan area? _____ years

EDUCATION

Do you have Secondary School Graduation or GED ___Y ___N Last grade completed _____

Do you have any post secondary education? (Describe) _____

Do you have any additional training or qualifications? (Describe) _____

Do you have any special skills applicable to the fire service? _____

Do you have any previous fire fighting experience or training? (Where and when) _____

Do you have any previous first aid experience or training? (Where and when and to what level)

Do you have any hobbies or interests outside of work? _____

EMPLOYMENT

What is your current employment status?

___ Full Time ___ Part time ___ hours / week ___ Unemployed ___ Student

___ Self employed ___ other (explain) _____

Name of Employer: _____ Phone #: _____ How long? _____

Position Held: _____ Contact Name: _____

Address of work location _____

What are your regular hours of work? _____

Are you able to attend calls during work hours? ___ Always ___ Usually ___ Rarely ___ Never

Are you able to attend weekly practice sessions on Wednesdays, 7:00 p.m. to 9:30 p.m.? ___Y ___N

Can we contact your employer concerning this application? ___ Y ___ N If no, why _____

REFERENCES

Please provide 2 references not related to you.

1. Name _____	2. Name _____
Address _____	Address _____
Phone _____	Phone _____

Fire fighting in British Columbia is covered by WorkSafe BC Regulations. This includes the application period when performing activities under the direction of an Officer.

By signing and submitting this application I agree to allow the City of Duncan Fire Department to perform a criminal record check.

I the undersigned, apply to the position of paid on-call fire fighter recruit for the City of Duncan Fire Department and, if accepted, will undertake to perform the duties as may be assigned by the Fire Chief, a Fire Officer or their designate.

I understand that this application process can be terminated at any time during the probationary period. I also understand that to become a badged firefighter that I will have to meet training and educational standards that are set out by the Fire Department.

I understand that promotional opportunities will depend upon positions being available, the result of work performance, training achievement, and recommendations of the fire officers and approval of the Fire Chief.

SIGNED _____ DATED _____

Please include the following documents with your application:

- ____ Drivers Abstract (obtainable at ICBC.com)
- ____ Copy of Drivers Licence (both sides)
- ____ Medical Examination Form
- ____ Copies of any certificates or diplomas that pertain to the fire service (i.e. First Aid)
- ____ Letter from employer confirming your availability to respond during work hours

Personal information you provide on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of the operation of the City of Duncan Fire Department. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.