

APPLICATION



100 MILE HOUSE FIRE
RESCUE PERSONNEL
APPLICATION



Box 340 - 385 Horse Lake Road
100 Mile House, BC V0K 2E0
Phone: 250-395-2152
Fax: 250-395-2100
www.100milefire.com

Accurate, legible completion of this application form is the first step in the screening process. Incomplete or inaccurate applications will not be accepted. Please supply all information requested.

NAME: _____ / _____
Last Name First Name(s)

TELEPHONE (Home): _____ TELEPHONE (Work): _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ BIRTH DATE: ____/____/____ PERSONAL HEALTH #: _____
year / month / day

BC DRIVER'S LIC #: _____ CLASS: ____ AIR? YES NO RESTRICTIONS: _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES NO

EMAIL: _____

Citizenship: _____

How long have you resided in the area? _____

Do you have any phobias (height, enclosed spaces, etc.?) YES NO

If yes, please explain: _____

Describe your skills applicable to the Fire Service: _____

Describe your main hobbies and interests outside of work:

Application Part 2 - EDUCATION

Last Secondary School grade completed (or equivalency): _____

Post Secondary, Vocational or Trade Training: YES NO

Subject, degree or qualification: _____

Any additional qualifications or courses? _____

Previous fire fighting experience (where and when): _____

Previous first aid experience (where and when): _____

APPLICATION Part 3 - WORK EXPERIENCE

Are you presently employed:

- full time (more than 35 hours/week)
- part-time (more than 25 hours/week)
- part-time (less than 25 hours/week)
- self-employed (please explain)

- student
- unemployed
- other (please explain)

Present Employer: _____

Occupation: _____ Employer Telephone #: _____

Is your job site in the fire protection area? YES NO

Would your company allow you to respond to emergency calls during working hours?

Always Usually Rarely Never

What are your regular hours of work? _____

Are you a shift worker? YES NO

If so, please explain hours and days of work:

Are you normally available to respond to daytime emergencies? (Monday to Friday between the hours of 7 am and 6 pm)

Always Usually Rarely Never

If accepted by the Fire Department, you are required to attend evening, daytime or weekend practices or training sessions. Can you meet this requirement? YES NO

WHY DO YOU THINK YOU WOULD BE AN ASSET TO THIS DEPARTMENT?

NEXT OF KIN

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
PHONE (Work): _____ (Home): _____

REFERENCES

Please name two references not related to you:

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

DRIVER'S ABSTRACT INCLUDED: YES NO

CRIMINAL RECORD CHECK: YES NO

100 MILE HOUSE FIRE RESCUE
APPLICANT'S PRACTICAL EVALUATION READINESS QUESTIONNAIRE
CONFIDENTIAL WHEN COMPLETED

This questionnaire is designed as a condition to the rigorous physical fitness requirements for Fire Department applicants.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you even been bothered by shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you any back problems that would prevent you from lifting heavy objects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has your doctor ever said you have heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you frequently have pains in your heart or chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has a doctor ever said your blood pressure was too high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has your doctor ever told you that you have a bone joint problem such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any good reason not mentioned here why you should not undergo strenuous physical testing or exertion, even if you wanted to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have any allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you in good physical shape and accustomed to vigorous exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

Other than question 11, if you answered YES to one or more of the above questions:

- (a) Consult with your personal physician. Explain which questions you answered "Yes" to on this questionnaire and show your physician this sheet.
- (b) You will not be allowed to participate in the practical evaluation unless you present a written statement from your physician indicating that you are cleared to participate.

Signature

Print Full Name

Date

Applicant Statement

I, the undersigned, apply to enrol as a recruit member of the Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his delegated representative.

I understand that if accepted as a recruit firefighter, I will have to complete a six-month probation period.

I understand that promotional opportunities will depend upon positions becoming available, the results of work performance, training evaluation, the recommendation of the Fire Officers and approval of the Fire Chief.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to the District of 100 Mile House to conduct verification of the information given, as required.

Signature

Print Full Name

Date

In Closing

The members of the 100 Mile House Fire Rescue wishes to thank you for your interest in joining them in a rewarding way to contribute to your community.

If you have any further questions about this application or would like any more information about 100 Mile House Fire Rescue, please feel free to contact Fire Chief Darrell Blades 250-395-2152 or any member of the department.

We look forward to working with you in the near future.
Thank you for Answering The Call!

