

WILLIAMS LAKE FIRE DEPARTMENT PAID ON-CALL FIREFIGHTER APPLICATION



ACCURATE, LEGIBLE COMPLETION OF THIS APPLICATION FORM IS THE FIRST STEP IN THE DEPARTMENT SCREENING PROCESS.

INCOMPLETE OR INACCURATE APPLICATIONS WILL NOT BE ACCEPTED.
SUPPLY ALL INFORMATION REQUESTED

WILLIAMS LAKE FIRE DEPARTMENT
230 Hodgson Rd. Williams Lake, BC V2G 3P7
Phone (250) 392-4321 Fax (250) 398 5623

FIRE DEPARTMENT MEMBERSHIP APPLICATION

To ensure consideration of your application complete this form accurately and completely

PERSONAL DATA

Name	Surname	First	Middle
Residential Address:	Number	Street	Postal Code
Mailing Address			
City		Province	
Telephone Number			
	Home	Work	Cell
Date of Birth:	Year	Month	Day
Height	Feet	Inches	Weight: Pounds
BC Driver's Licence #:		Class: 	Air Endorsement
Do you have any medical or physical disabilities which would or could affect your performance as a fire fighter? 			
Do you have any phobias (height, enclosed spaces, etc.)? 			
If yes, please explain: 			
How long have you resided in the Williams Lake Area? 			
Do you have a criminal record? 			
if yes, please explain: 			
Do you have any Fire Service Experience? 			
If yes, please explain: 			
The Fire Department holds its weekly practice on Tuesday evenings from 19:00hrs to approx. 21:00hrs			
Will you be able to attend on a regular basis? 			
For the first four months you will be required to attend and complete a Recruit Training Program, this involves every Monday evening from approximately 19:00hrs to 21:00hrs.			
Will you be able to attend these sessions? 			

EDUCATION

High School					
Highest grade completed _____ Year of Graduation or last year completed _____					
Name and location of High School _____					
Post Secondary Education					
Name and Location	Year Attended (From – To)	Years Completed Successfully	Major or Program	Did you Graduate?	Degree or Diploma
University or College					
Trade or Technical					
Business					
Other Training					

EMPLOYMENT HISTORY

List present or most recent employer first			
Month & Year	Employers Name & Address	Position/Duties	Reason for Leaving
From:			
To:	Supervisor:		
From:			
To:	Supervisor:		
From:			
To:	Supervisor:		
Are you employed in the Williams Lake Fire Protection Area? _____			
Will your employer allow you to respond to emergency call during working hours? Always Usually Rarely Never Comments: _____ <i>(Circle one)</i> _____			
What are your regular hours of work? _____		Do you work shifts? _____	
Do you currently belong to any other Emergency Service? _____			

SKILLS & QUALIFICATIONS

List any special skills, abilities and specific qualifications.
(IE: First Aid, Certifications, etc.)

Sports/Interests: _____

CHARACTER REFERENCES (Minimum 3, exclude relatives)

Name	Occupation	Home Address	Phone Numbers	
			Home	Work

REMARKS

Why do you think you will be an asset to this Department?

CERTIFICATION

*I, the undersigned, apply to enrol as a paid on-call firefighter of the City of Williams Lake 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 certify that the information provided in this application is true and complete to the best of my knowledge. I agree that this information may be verified by the City, and that any intentional misrepresentation of facts shall constitute cause for rejection of this application or if already hired dismissal from the Fire Department.*

Signature of the Applicant _____ Date _____

