



METCHOSIN FIRE DEPARTMENT PAID ON-CALL FIREFIGHTER APPLICATION

APPLICATION DATE:

PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:		EMAIL:	
ADDRESS 2:		HOME PHONE:	
CITY:		CELL PHONE:	
POSTAL CODE:		WORK PHONE:	

How long have you resided in Metchosin?

Where did you previously live?

For how long?

Is your family supportive of your application?

AVAILABILITY

Do you work shift work? Yes No Occasionally	Normal work schedule (days and hours):
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When would you normally be available to attend calls, or training activities?

DAYTIME: NIGHT TIME: WEEKENDS:

Will your current employer allow you to attend calls during work hours? YES NO

If yes, include employer name and signature:

NAME: SIGNATURE:

Include other availability considerations:

HOBBIES & INTERESTS

What do you do in your spare time?

Are you involved in any sports, groups or activities?

VOLUNTEER EXPERIENCE:

ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:

EDUCATION

Include copies of GED, graduation and trades certificate(s), diplomas, degrees, etc.

Last grade completed:	Year completed:
Post-secondary:	Year completed:
Technical or Trade:	Year completed:

EMPLOYMENT

CURRENT OCCUPATION:	COMPANY NAME:
Work Address:	How long with current employer?
Supervisor Name:	Phone:
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:
Employment Dates: FROM: _____ TO: _____	Supervisor Name:
Reason for Leaving:	Supervisor Phone:
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:
Employment Dates: FROM: _____ TO: _____	Supervisor Name:
Reason for Leaving:	Supervisor Phone:

SPECIALIZED TRAINING & EXPERIENCE

TYPE	NO	YES	YES (please provide details)
FIRST AID OR FIRST RESPONDER			
CPR/AED			
RESCUE TRAINING			
LEADERSHIP TRAINING			
PUBLIC EDUCATION TRAINING			
FIREFIGHTING		YEARS SERVED: _____	RANK/POSITION: _____ DEPARTMENT: _____
FIREFIGHTER TRAINING		ACADEMY: _____	YEAR ENROLLED: _____ ATTACH TRANSCRIPT OR TRAINING RECORDS

LIST ANY OTHER RELEVANT TRAINING OR EXPERIENCE (swimming, SCUBA, climbing, coaching, etc.)

HEALTH & MEDICAL INFORMATION

Are you physically active?	NO	YES	If YES, avg. hours/week: _____
Do you have any phobias (heights, confined space, etc)?	NO	YES	If YES, details: _____
Do you wear glasses or contact lens?	NO	YES	If YES, details: _____
Do you have any hearing difficulties?	NO	YES	If YES, details: _____
Back issues that would prevent you from lifting heavy objects?	NO	YES	If YES, details: _____
Has a doctor ever said that your blood pressure was too high?	NO	YES	If YES, details: _____
Have you recently completed a medical or fitness exam?	NO	YES	If YES, details: _____
Any past respiratory or breathing difficulties?	NO	YES	If YES, details: _____
Any other health or medical issues we should be aware of?	NO	YES	If YES, details: _____

ADDITIONAL HEALTH & MEDICAL NOTES:

BACKGROUND CHECK - PROVIDE TWO PERSONAL REFERENCES

NAME:		ADDRESS:	
PHONE:		EMAIL:	
NAME:		ADDRESS:	
PHONE:		EMAIL:	

I am not facing any criminal charges, and I have no record for any criminal conviction.

I may, or do, have a record for a criminal conviction - or, I am facing criminal charges.

Details of any criminal record (NOTE: this *may* result in your disqualification)

AUTHORIZATION

I hereby authorize Metchosin Fire Department to review and authorize each character reference, employer and educational institution as named above to provide any information in regards to this application.

I certify that the above information provided is correct and true to the best of my knowledge and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from Metchosin Fire Department.

I agree to complete and submit a criminal record check with the RCMP.

APPLICANT SIGNATURE:

DATE:

ENSURE THAT YOU SUBMIT A FULL APPLICATION PACKAGE

	COMPLETE Application Form Signed and Dated	<p>2024 RECRUIT CLASS</p> 
	Copies of Education/Graduation and Special Training Certificates	
	Copy of Drivers License Front and back	
	Copy of Drivers Abstract (through ICBC)	
	Vulnerable Sector Police Information Check (or confirmation of request)	