



REGIONAL DISTRICT OF CENTRAL OKANAGAN
FIRE SERVICES



PAID-ON-CALL FIREFIGHTERS
APPLICATION FORM



APPLICATION FOR PAID-ON-CALL FIREFIGHTERS

PERSONAL INFORMATION

Name in Full (Please Print): _____
(Surname) (First) (Middle)

Date of Application:

(mm-dd-yyyy)

SIN #:

Address: _____
(Street) (City) (Province) (Postal Code)

Home Telephone:

Other Telephone:

Email:

Are you a minimum of 19 years of age on or before the date of application? Yes No

Are you legally entitled to work in Canada? Yes No

Please list your skills that pertain to being a Firefighter: _____

Do you have any phobias (height, enclosed spaces, etc.)? If yes, please provide particulars: _____

DRIVER'S LICENSE INFORMATION

Do you possess a valid BC Driver's License? Yes No

BC Driver's License Number: _____ Class: _____

BC Driver's License Restrictions/Endorsements: _____ w/ Air: Yes No

CRIMINAL RECORD CHECK

Do you have a criminal record that would be noted on the required criminal record check? Yes No

If yes, please provide particulars: _____

Have you received a pardon? Yes No Date: _____

If yes, please provide particulars: _____

EDUCATION / TRAINING

Secondary School Grade completed (or equivalency): _____

Post-Secondary / Vocational / Trade Institution	Course	Date Completed

Do you have any previous Firefighting experience? If so, please provide details and dates: _____

Do you have any other certifications or Fire Service Training? If so, please provide details and dates: _____

EMPLOYMENT HISTORY

(Attach separate sheet, if necessary)

Present Employer/Firm/Organization: _____

Address: _____
(Street) (City) (Province) (Postal Code)

Nature of Business:

Date Started:

Date Ended:

(mm-dd-yyyy)

(mm-dd-yyyy)

Position Title:

Duties:

Are you a shift worker? If so, what hours do you work? _____

Would you be available to respond to daytime emergencies? Yes No

If accepted by the RDCO, you are required to attend weekly practices on certain nights (approximately 7pm – 9pm). Can you meet this requirement? Yes No

Immediate Supervisor's Name:

Permission to Contact Supervisor?

Yes No

If yes, Supervisor's Phone Number: _____

Previous Employer/Firm/Organization: _____

Address: _____
(Street) (City) (Province) (Postal Code)

Nature of Business:

Date Started:

Date Ended:

(mm-dd-yyyy)

(mm-dd-yyyy)

Position Title:

Duties:

Immediate Supervisor's Name:

Permission to Contact Supervisor?

Yes No

If yes, Supervisor's Phone Number: _____

Reason(s) for leaving this position: _____

REFERENCES

(Give three References (not relatives) that have knowledge of your character and abilities)

	Name	Address	Phone Number	Occupation	Years Known
1.					
2.					
3.					

GENERAL

1.) What are your reasons for wanting to become a firefighter? _____

2.) Describe your skills and why you feel particularly suited to this position: _____

3.) Describe your hobbies, sports and activities outside of work: _____

4.) Additional information important to your application: _____

APPLICANT CONSENT AND DECLARATION

I, the undersigned, apply to enroll as a Paid-on-call Firefighter for the Regional District of Central Okanagan and if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief, or his designated representative in authority of the Regional District of Central Okanagan.

I hereby certify that all information in this document is true and correct. I understand and acknowledge there is zero tolerance for deceit, dishonesty or non-disclosure of information relating to the questions in this application. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to employment with R.D.C.O. Fire Service.

I am aware that if my application is accepted for review, membership is conditional upon successful completion and receipt of the following:

- Medical Evaluation Doctor's Consent (provided by applicant)
- Physical Test
- Clear Criminal Record Check (provided by applicant)
- Current Driver's Abstract (provided by applicant)
- Recruit Training and Probationary Period

I hereby give consent to the Regional District of Central Okanagan to conduct verification of the information given, as required.

APPLICANT SIGNATURE: _____ DATE: _____

The personal information on this form is collected, used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA), for the purposes of processing this application. Any personal information we ask you to provide will only be used for that purpose. Any questions regarding the collection of information should be directed to Corporate Services Department of the Regional District of Central Okanagan.

PLEASE FORWARD YOUR COMPLETED APPLICATION FORM
TO THE APPLICABLE CONTACT BELOW:

<p>Ellison Fire Department 4411 Old Vernon Road, Ellison, Kelowna, BC Telephone: 250-469-6155</p>	
<p>Joe Rich Fire Department 11481 East Highway 33, Joe Rich Kelowna, BC Telephone: 250-469-6178</p>	
<p>North Westside Fire Department 514 Udell Road, Killiney Beach, Kelowna, BC Telephone: 250-545-1195</p>	
<p>Wilson's Landing Fire Department 2396 Westside Road, Wilsons Landing, West Kelowna, BC Telephone: 250-469-6161</p>	
<p>OR to: Regional District of Central Okanagan Attn: Manager of Fire Services 1450 KLO Road, Kelowna, BC Telephone: 250-469-6223</p>	