



PAID ON CALL FIREFIGHTER eAPPLICATION

Please note that applications are not carried forward from year to year. If you applied last cycle, you will need to submit a new application for consideration in this year's cycle.

Last Name	First Name	Middle Name
<p style="text-align: center;">Application Requirements</p> <p>Please check:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Live within the District of Mission <input type="checkbox"/> Two years accumulated work experience after high school completion <input type="checkbox"/> No criminal charges or convictions for which you have not received a pardon <input type="checkbox"/> Name supplied as it appears on legal documents <input type="checkbox"/> Legal entitlement to work in Canada <input type="checkbox"/> Valid class 5 driver's license <input type="checkbox"/> A driving record that demonstrates responsible and safe driving behaviour <input type="checkbox"/> Colour vision safe <input type="checkbox"/> 20/30 corrected binocular vision and 20/100 uncorrected binocular vision or better <input type="checkbox"/> Normal hearing without artificial aids 		<p style="text-align: center;">I am applying for a position at:</p> <p>Select one only, you must reside within that Fire Station's first response area.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fire Station No. 1 33330 - 7th Avenue <input type="checkbox"/> Fire Station No. 2 30514 Dewdney Trunk Road <input type="checkbox"/> Fire Station No. 3 30435 Silverhill Avenue

Please complete all areas in full. If an area does not apply, indicate N/A. This information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act*.

Personal Information

Last Name

First Name

Middle Name

Other names you are known by

Street Address

City

Province

Postal Code

Home Phone No.

Cell Phone No.

Email Address

Are you legally entitled to work in Canada? Yes No

To work in Canada you must have one of the following: Canadian citizenship, immigrant status with authorization to work

Have you applied for a firefighter position with Mission Fire/Rescue Service in the past?

Yes No

If yes, what stage did you get to? Date:

Education

Name and Location of School	Program/Course	Name of certificate or qualification received	Date of Completion
Firefighter Education			
Technical/Trade School/ Post-Secondary			
High School or Equivalent			
Other Courses (include all information as above)			



First Aid Certifications

Highest level of first aid training:

	Issue Date:	Expiry Date:
	Total Hours:	

Driver's License

Class(es)

Province of Issue

Number of points on record

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Air Brake Endorsement? Yes No

Does your Driver's Licence require you to wear glasses? Yes No

Health

Have you had laser eye surgery? Yes No
If yes, date of surgery: _____

Do you have 20/30 corrected binocular vision and 20/100 uncorrected binocular vision?
Yes No Better

If no, explain:

Related Skills, Knowledge and Abilities

Languages: Specify then rate your proficiency:

	Speak	Read	Write	Sign Language
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Knowledge of Different Cultures: Describe your work, volunteer, or travel experience where you gained insight or built relationships with people from diverse cultural backgrounds.

Teamwork: Highlight activities that demonstrate your ability to work cooperatively with others (e.g. work, sports teams, community organizations, school projects).

Oral Communication Skills: Describe situations where you have had to demonstrate effective oral communication skills.



Written Communication Skills: Describe your experience in expressing information and ideas in writing.

Mechanical Ability: Describe your experience using mechanical systems, tools, equipment, and apparatus (e.g. pumps, valves, sprinkler systems, repairing/using small motors and equipment, repairing appliances/office equipment).

Building Construction Knowledge: Highlight activities that demonstrate your knowledge and ability in building construction (e.g. materials, methods, inspection, maintenance, design and/or construction of buildings, electrical systems, reading blueprints/charts/diagrams/maps).

Driving Skills: Describe your experience that indicates your ability to safely drive emergency vehicles and/or other large vehicles in various types of traffic and weather conditions.

List activities that demonstrate your knowledge of first aid: (e.g. first aid attendant, CPR, nursing, paramedic, life guard, rescue procedures, Search & Rescue, Auxiliary Coast Guard)

Physical Fitness: Describe activities that you participate in on a regular basis that demonstrate maintenance of your physical fitness.

Stress Tolerance: Describe life and/or work experience that demonstrates your ability to function under pressure.

Volunteer Experience: Describe activities that demonstrate your commitment to volunteer work.

Other knowledge, abilities, skills and personal qualities: (e.g. computer skills)



Employment History

Include times of self-employment, unemployment, extended travel, apprenticeship, paid on call or volunteer firefighting work.

1. Present Employer:

To: From:	Address:	Nature of Work (show job progression if applicable):
Shift Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	Supervisor's Name:

2. Employer:

To: From:	Address:	Nature of Work (show job progression if applicable):
Shift Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	Supervisor's Name:
	Reason for Leaving:	

3. Employer:

To: From:	Address:	Nature of Work (show job progression if applicable):
Shift Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	Supervisor's Name:
	Reason for Leaving:	

4. Employer:

To: From:	Address:	Nature of Work (show job progression if applicable):
Shift Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	Supervisor's Name:
	Reason for Leaving:	

References

During an interview we may discuss your references with you. By making this application, you understand that in order to determine your suitability for employment, you authorize us to contact your references as well as any other individuals we may bring to your attention during the course of the selection process.

Name	Position	Phone Nos:



Applicant's Declaration

By submitting my application, I certify that the information I am providing in my application for this position is true and complete to the best of my knowledge. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.

I consent Yes or No

Electronic Signature:

Date: