



CENTRAL SAANICH FIRE DEPARTMENT

"Proudly Serving our Community Since 1951"



Central Saanich

PAID CALL FIREFIGHTER APPLICATION PACKAGE

Notice of Collection of Personal Information

Personal Information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of this transaction.

SECTION A: NAME AND CONTACT INFORMATION

1. FIRST NAME	2. LAST NAME
3. HOME ADDRESS (Number, Street, City, Province, and Postal Code)	
4. HOME PHONE:	5. CELL PHONE:
6. EMAIL ADDRESS (main point of contact):	7. DATE OF BIRTH: dd/mm/yyyy

SECTION B: BASIC REQUIREMENTS

Circle one

8. Do you currently live within the District of Central Saanich? If 'Yes' please indicate how long you plan to live in Central Saanich? __ If 'Yes' how long have you lived in Central Saanich? _____	YES	NO
9. Do you currently work in Central Saanich or within the Peninsula area?	YES	NO
10. Are you 19 years of age or older?	YES	NO
11. Do you believe you are free of medical limitations that may preclude your participation as a Firefighter in Central Saanich?	YES	NO
12. Have you attached a criminal record check completed within the past 6 months? (Note: If you have a criminal record you will be asked to provide details)	YES	NO
14. Please attach an abstract and a photocopy of your Driver's Licence.		
13. Do you have a current B.C. Class 3 or greater Driver's Licence with Air Brake Endorsement?	YES	NO

SECTION C: AVAILABILITY

15. Training is held every Monday night from 7:00pm to 10:00pm. As a Probationary Firefighter, you will be on probation for a period of 1 year and expected to attend these practices. Can you make this commitment for the majority of practices?	YES	NO	
16. Do you understand that in order to be available for emergency callouts you must be able to arrive at the Fire Station promptly and have abstained from alcohol and drugs for the previous 12 hours?	YES	NO	
17. Are you willing and able to retain and wear an emergency pager and respond to emergencies 24 hours per day, seven days per week, 365 days per year?	YES	NO	
18. Are you willing and able to participate in extra daytime, weekend, or evening training?	YES	NO	
19. Would your availability fluctuate on a regular basis?	YES	NO	
20. Are you within 10 minutes of travel time from Station 1 (1512 Keating Cross Rd.) and/or Station 2 (1903 Mount Newton Cross Rd.)	YES	NO	
21. Please place a check mark next to the times that you are <u>in Central Saanich</u> and available to respond to Emergencies:			
MONDAY TO FRIDAY	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM	<input type="checkbox"/> 6 PM to Midnight
SATURDAY AND SUNDAY	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM	<input type="checkbox"/> 6 PM to Midnight
22. Please place a check mark next to the average amount of time that you are willing and able to spend on a weekly basis on firefighting related activities in addition to the two-hour training sessions. (For Example: Practice sessions, participation in courses, self-study, public events, and Fire/Rescue responses)			
<input type="checkbox"/> 2 hours or less	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-6 hours	<input type="checkbox"/> 6+ hours

SECTION D: EMPLOYMENT

Please attach a current resume.

SECTION E: TRAINING AND EXPERIENCE

24. Please place a check mark next to any of the following training or experience that you have achieved, briefly explain the training, and attach photocopies of current certificates:

Firefighting (Explain)

Rescue (Explain)

First Aid (Explain)

Other Related Training (Explain)

SECTION F: PERSONAL ATTRIBUTES

PLEASE INDICATE THE DEGREE TO WHICH THE FOLLOWING STATEMENTS DESCRIBE YOU:			
25. I am honest, trustworthy, reliable, and accountable.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
26. I want to learn and understand how to apply safe firefighting practices.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
27. I have a healthy lifestyle and am dedicated to maintaining my physical and mental fitness.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
28. I prefer spending time with groups of people rather than being on my own.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
29. I can take direction, follow instructions, and accept constructive criticism.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
30. I am dependable and almost always arrive on time.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
31. I can stay calm in emergency situations.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
32. I am able to deal with blood / bodily fluids.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
33. I am willing to help people in emergency situations.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
34. I am a team player, willing and able to fulfill my role for the benefit of the team.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
35. I am very interested in becoming a member of the Central Saanich Fire Department and am confident that my behavior is consistent with the firefighter's public image (Example: trusted, dependable, Reliable, helpful, and respected).	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me

SECTION G: WILLINGNESS

36. Are you willing to participate in the mandatory medical check required of potential paid call firefighters?	YES	NO
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<p>37. Do you understand that paid call firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical fitness test as part of the selection process?</p>	<p>YES</p>	<p>NO</p>
<p>38. Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? (Moustache and short sideburns are acceptable as long as they don't affect the seal)</p>	<p>YES</p>	<p>NO</p>

SECTION H: DISABILITIES

<p>39. Do you have any disabilities or medical condition that may require accommodation? (If 'Yes' please attach a note to explain)</p>	<p>YES</p>	<p>NO</p>
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SECTION I: REFERENCES

<p>40. Is it permissible for fire station personnel to contact your current employer as a reference? We will ask you first before contacting the employer. If 'No', please explain:</p>	<p>YES</p>	<p>NO</p>
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Please provide 3 references. Your references should have known you for at least three years and not be related to you.

41. REFERENCE #1

FIRST NAME:

LAST NAME:

TITLE and COMPANY NAME: (If a previous employer)

ADDRESS: (Number, street, city, province, postal code)

PHONE:

CELL PHONE:

EMAIL ADDRESS:

RELATIONSHIP TO YOU:

42. REFERENCE #2

FIRST NAME:

LAST NAME:

TITLE and COMPANY NAME: (If a previous employer)

ADDRESS: (Number, street, city, province, postal code)

PHONE:

CELL PHONE:

EMAIL ADDRESS:

RELATIONSHIP TO YOU:

43. REFERENCE #3

FIRST NAME:

LAST NAME:

TITLE and COMPANY NAME: (If a previous employer)

ADDRESS: (Number, street, city, province, postal code)

PHONE:

CELL PHONE:

EMAIL ADDRESS:

RELATIONSHIP TO YOU:

SECTION J: SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING:

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to immediate removal from the recruitment process or if selected, removal from the Central Saanich Fire Department at any time in the future.

I understand that the personal information contained on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose. I also understand that my application for paid call firefighter will be held current for 18 months after which time it will be destroyed unless I have been successfully recruited by the Fire Department.

Signature: _____

Date: _____

SECTION K: ATTACHMENTS CHECKLIST

- Current BC Driver's License abstract and a photocopy of your Driver's License.
- Current Criminal Record Check (no older than 6 months of application), and explanation (if applicable).
- Your resume.
- Current certificates for firefighting, rescue, first aid or other training.
- Information regarding any disabilities that you have that may require accommodation.

Thank you for applying for Central Saanich Fire Department. Should you have any questions or concerns about your application, or the recruitment process please contact:

STEPHANIE DUNLOP

DEPUTY FIRE CHIEF

Phone: 250-883-0930

Email: stephanie.dunlop@csaanich.ca

Office use only:

Date application received: _____

Received by: _____

Comments: