



CENTRAL SAANICH FIRE DEPARTMENT

"Proudly Serving our Community Since 1951"



Central Saanich

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):	

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

If you do not have a recent criminal record check document please do not proceed with requesting one until asked to do so.

13. Do you have a current B.C. Class 5 Driver's Licence? If 'Yes' please attach an abstract and a photocopy of your Driver's Licence. Air brake endorsement?	YES	NO
14. Do you have a current B.C. Class 3 or greater Driver's Licence with Air Brake Endorsement? If 'Yes' please attach an abstract and a photocopy of your Driver's Licence.	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?	YES	NO
16. Do you understand that in order to be available for emergency call-outs that 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. Please place a check mark next to the times that you are in Central Saanich 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

20. 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?
(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
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21. Please place a check mark next to your primary means of transportation to and from the Fire Station.

<input type="checkbox"/> Walking/Running	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Drive own vehicle	<input type="checkbox"/> Other (Explain below)
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SECTION D: EMPLOYMENT

22. Are you currently employed or retired? (Circle one)

Employed	Retired
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If you indicated 'Employed' above, please answer the following questions:

How many hours to you work on a weekly basis? _____

What time do you start work? _____

What time do you finish work? _____

How long have you worked for this employer? _____

If none of the above, please explain:

SECTION D: EMPLOYMENT (cont'd)

<p>23. Are you a shift worker? <i>(If 'Yes' please describe your shift schedule below):</i></p>	<p>YES</p>	<p>NO</p>
<p>24. What is the name and address of your current employer? Name: _____ Address: _____ _____ Are you available to respond to emergency call-outs during your hours of work?</p>	<p>YES</p>	<p>NO</p>
<p>25. Have you attached a current resume?</p>	<p>YES</p>	<p>NO</p>

SECTION E: EDUCATION AND TRAINING

<p>26. What is the highest level of education that you have completed?</p>		
<p>27. Do you have any post secondary education? <i>If 'Yes' please describe below:</i></p>	<p>YES</p>	<p>NO</p>
<p>28. Please place a check mark next to any of the following training that you have completed, briefly explain the training and attach photocopies of <u>current</u> certificates:</p>		
<p><input type="checkbox"/> Firefighting (Explain)</p>		
<p><input type="checkbox"/> Rescue (Explain)</p>		
<p><input type="checkbox"/> First Aid (Explain)</p>		
<p><input type="checkbox"/> Other Related Training (Explain)</p>		

SECTION F: PERSONAL ATTRIBUTES

PLEASE INDICATE THE DEGREE TO WHICH THE FOLLOWING STATEMENTS DESCRIBE YOU:

29. I am honest, trustworthy, reliable and accountable.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
30. 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
31. I have a healthy lifestyle. (No drugs, no drinking to excess, safe driving record, no criminal behavior, and I smoke rarely or not at all)	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
32. 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
33. I am able to take direction, follow instructions and accept constructive criticism.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
34. 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
35. I am able to stay calm in emergency situations.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
36. 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
37. 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
38. 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

39. Are you willing to participate in the mandatory medical check required of potential paid call firefighters?	YES	NO
40. 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?	YES	NO
41. 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 side burns are acceptable as long as they don't affect the seal)	YES	NO

SECTION H: DISABILITIES

42. Do you have any disabilities or medical condition that may require accommodation?

(If 'Yes' please attach a note to explain)

YES

NO

SECTION I: REFERENCES

43. Is it permissible for fire station personnel to contact your current employer as a reference? We will ask you first before contacting employer. *If 'No', please explain:*

YES

NO

Please provide three references.

Your references should have known you for at least three years and not be related to you.

44. 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:

45. 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:

46. 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: SIGNATUREPLEASE READ CAREFULLY BEFORE SIGNING:

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 LICENCE, CLASS 5 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENCE
- CURRENT BC DRIVER'S LICENCE, CLASS 3 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENCE (IF APPLICABLE)
- IF YOU HAVE EVER HAD YOUR DRIVER'S LICENCE SUSPENDED, PLEASE ATTACH A NOTE TO EXPLAIN
- 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 :

STACEY LEE
DEPUTY FIRE CHIEF
Phone: 250-544-4226
Email: stacey.lee@csaanich.ca

Office Use Only:

Date application received: _____ Received by: _____

Comments: _____