



APPLICATION FORM
Firefighter

TELKWA FIRE RESCUE

1234 Highway 16
Telkwa, B.C.
V0J 2X0
Fire Chief Travis Wall
Phone: (778) 210-0264
E-mail: firechief@telkwa.ca

Please read the information package included before completing this form.
Please print legibly and complete this application in ink.

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

HOME PHONE: _____ CONTACT PHONE: _____

EMAIL: _____

DATE OF BIRTH: *DAY / MONTH / YEAR*

HOW LONG HAVE YOU BEEN A RESIDENT IN Telkwa, BC? _____

ARE YOU A CANADIAN CITIZEN? YES NO

AVAILABILITY

The Telkwa Fire Department is committed to providing a 24-hour volunteer service.

ARE YOU A SHIFT WORKER? YES NO

ARE YOU AVAILABLE DURING BUSINESS HOURS (Mon to Fri 0700-1800)? YES NO

ARE YOU AVAILABLE FOR PRACTICE NIGHT (Wednesday 1900-2100)? YES NO

Application Date: _____

Acceptance Date: _____

Signature: _____

DRIVER'S LICENSE

B.C. DRIVER'S LICENSE # _____ CLASS: _____

AIR BRAKE ENDORSEMENT? YES NO EXPIRY: _____

ANY RESTRICTIONS? YES NO

If "YES", explain: _____

A Driving Record Abstract from ICBC must accompany this application.

PERSONAL HEALTH

DO YOU HAVE ANY MEDICAL CONDITIONS OR DISABILITIES THAT WOULD INHIBIT YOUR ABILITY TO PERFORM THE DUTIES OF A FIREFIGHTER/FIRST RESPONDER?

YES NO

If "YES", explain: _____

CARECARD # : _____

FAMILY PHYSICIAN: _____ PHONE: _____

CRIMINAL RECORD CHECK

The Criminal Records Review Act requires that people who work with or may have potential for unsupervised access to children or vulnerable adults undergo a criminal record check by the Criminal Records Review Program (CRRP).

A Criminal Record Check for Children and Vulnerable Adults must accompany this application. You can obtain one from Smithers RCMP (any costs for the check will be reimbursed).

EMPLOYMENT HISTORY

CURRENT EMPLOYER:	POSITION:
TIME AT POSITION:	CONTACT PERSON:
CONTACT NUMBER:	

DO YOU HAVE ANY FIREFIGHTING, FIRE PREVENTION OR RELATED, EXPERIENCE?

YES NO

If "YES", explain: _____

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE? YES NO

CERTIFICATE TYPE: _____ LEVEL: _____

If "YES", please attach a copy to this application form.

If you have any other education, skills, or experience which you feel may assist you in the position you are applying for, please describe them below (e.g. Swiftwater, Rope, Ice Rescue):

REFERENCES

Name of Organization	Reference Name / Position	Contact Number
1.		
2.		
3.		

May we contact these references: YES NO

YOU AND THE FIRE DEPARTMENT

Describe your reasons for wanting to become a member with the Telkwa Fire Department, and how you believe you can help the department:

APPLICANT'S DECLARATION

I, the undersigned, apply to become a member with the Telkwa Fire Department and if accepted, will abide by the rules, policies and guidelines as established by the Telkwa Fire Department and The Village of Telkwa.

- I agree to discuss this application with my Physician regarding any concern he/she may have with my fitness or ability as a volunteer firefighter.

I certify that all statements in this application are true and correct. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to membership with the Telkwa Fire Department.

Signature: _____ Date: _____

<p align="center">Please ensure that the following documents are attached inside of this application. Photocopies (not originals)</p>
<ul style="list-style-type: none">◆ Current B.C. Driver's License◆ Current B.C. Driver's Record Abstract◆ Criminal Records Check for Children and Vulnerable Adults◆ First Aid Certificate(s), as applicable

EMERGENCY CONTACT PERSON(S)

Name	Relation	Home Contact #	Work Contact #