



Name of Applicant: _____

Addresses: _____

Postal Code: _____

Home Phone: _____

Cell Phone: _____

S.I.N. #: _____

Work Phone: _____

** Application forms must be updated (by telephone or in person) every six months to be kept on file. **

Date of Application: _____ Updated: _____

Fire Department Position Applying For:

1) _____

2) _____

3) _____

Personal Record:

Residency:

How long have you resided in the District of Kent? _____

Where did you previously reside? _____ How Long? _____

Health/Hobbies & Interests:

What do you do in your spare time? _____

Do you have any phobias (height, enclosed spaces, etc.)? YES NO

If yes, please provide details: _____

Have you recently completed a medical fitness exam? YES NO

Do you wear glasses or contacts? YES NO

Health Care Card Number: _____

Doctor: _____ Phone: _____



Employment Information:

Current Occupation(s): _____

Employer(s): _____

Name of Supervisor(S): _____

Employer's Address(s): _____

Employer's Phone No(s): _____

Do you work shift work? **YES** **NO** Hours of work: _____ to _____

Explain Details: _____

Date Started Employer(s): _____

Are you available for calls during the day, Monday through Friday? **YES** **NO**

Explain Details: _____

Will your employer(s) allow you to attend emergencies during working hours? **YES** **NO**

Explain Details: _____

 Employer's Signature Name Date

 Employer's Signature Name Date

Past Employment Information:

(Please provide details of your previous employment history beginning with the most recent)

Company Name and Address		Dates Worked: FROM: _____ TO: _____	
Position(s) Held		Description of Duties	
Name of Supervisor		Phone Number	
Reason for Leaving		May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company Name and Address		Dates Worked: FROM: _____ TO: _____	
Position(s) Held		Description of Duties	
Name of Supervisor		Phone Number	
Reason for Leaving		May we contact this Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Education:

(Please attach copy of GED, graduation certificates, trades qualifications, diplomas or degrees)

Last Grade Completed _____ Year Completed _____
 Post Secondary _____ Year Completed _____
 Technical or Trade _____ Year Completed _____

Specialized Training:

(Please list and provide details of any applicable training or experience)

- First Aid Date Completed _____ Expiry Date _____
- CPR and/or AED: Date Completed _____ Expiry Date _____
- Fire Fighting: Years Served from _____ to _____
Department : _____
- Mechanical Aptitude/Experience: Please Explain: _____

- Water Training Life: _____
- Leadership Training: _____
- Other Training: Date Completed _____ Type _____

Volunteer Work:

(Please attach copies of any/all supporting documentation)

Organization: _____ From _____ To _____
 Organization: _____ From _____ To _____
 Organization: _____ From _____ To _____

Driver's License Information:

(Please attach a copy of your Driver's License to this application as well as a Driver's Abstract)

BC Driver's License Class: 1 2 3 4 5 7N 7L

Air Brakes Endorsement: Yes No

Do you have restriction on your driver's license: Yes No If yes, what numbers? _____

Do you have any points on your drivers abstract: Yes No If yes, how many? _____

NOTE: A driver's abstract of more than nine points in the last three years or a major infraction (i.e. dangerous driving, etc.) may eliminate you from the application process.

Personal References:

(Other than relatives)

1) Name: _____ Phone: _____
Address: _____

2) Name: _____ Phone: _____
Address: _____

Are letters of recommendation included: Yes No

Authorization:

I hereby authorize the Agassiz Fire Department to review and authorize each character reference, employer and educational institution as named above to provide any information about myself in regards to this application.

I certify that the above information as provided is true and correct and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the Agassiz Fire Department.

I agree to complete a criminal record check with the R.C.M.P. and a medical examination if I am accepted into the program, as well as complete an employment agreement with the Agassiz Fire Department and abide by all the rules and regulations that govern the operation and Paid-On-Call firefighters.

Signature of Applicant: _____

Date: _____

Please ensure that you have completed the application in full and attached the necessary documentation to your application package. Applicant is responsible for all cost incurred.

Please check to ensure that you have enclosed with your application:

- Driver's Abstract (Driving Record Check) obtained from Access Centre;**
- Copy of your B.C. Driver's License;**
- Copy of your Certificate of Graduation or GED;**
- Copy of your post-secondary certificates; and**
- Copy of specialized training skills certifications.**

Incomplete application packages may not be processed