



SOOKE FIRE RESCUE DEPARTMENT

PAID ON-CALL FIREFIGHTER APPLICATION

APPLICATION DATE:

PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:		EMAIL:	
ADDRESS 2:		HOME PHONE:	
CITY:	SOOKE, BC	CELL PHONE:	
POSTAL CODE:		WORK PHONE:	

How long have you resided in Sooke?

Where did you previously live?

For how long?

Is your family supportive of your application?

AVAILABILITY

Do you work shift work?	Normal work schedule (days and hours):
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When would you normally be available to attend calls, or training activities?

DAYTIME:

NIGHT TIME:

WEEKENDS:

Will your current employer allow you to attend calls during work hours?

YES

NO

If yes, include employer name and signature:

NAME:

SIGNATURE:

Include other availability considerations:

HOBBIES & INTERESTS

What do you do in your spare time?

Are you involved in any sports, groups or activities?

VOLUNTEER EXPERIENCE:

ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:
ORGANIZATION:	FROM:	TO:

EDUCATION

Include copies of GED, graduation and trades certificate(s), diplomas, degrees, etc.

Last grade completed:	Year completed:
Post-secondary:	Year completed:
Technical or Trade:	Year completed:

EMPLOYMENT

CURRENT OCCUPATION:	COMPANY NAME:
Work Address:	How long with current employer?
Supervisor Name:	Phone:
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:
Employment Dates: FROM: TO:	Supervisor Name:
Reason for Leaving:	Supervisor Phone:
PREVIOUS OCCUPATION:	PREVIOUS COMPANY NAME:
Employment Dates: FROM: TO:	Supervisor Name:
Reason for Leaving:	Supervisor Phone:

SPECIALIZED TRAINING & EXPERIENCE

TYPE	NO	YES (please provide details)
FIRST AID OR FIRST RESPONDER		
CPR/AED		
RESCUE TRAINING		
LEADERSHIP TRAINING		
PUBLIC EDUCATION TRAINING		
FIREFIGHTING		YEARS SERVED: RANK/POSITION: FIRE DEPARTMENT:

LIST ANY OTHER RELEVANT TRAINING OR EXPERIENCE (swimming, SCUBA, climbing, coaching, etc.)

HEALTH & MEDICAL INFORMATION

Are you physically active?	YES	NO	If YES, avg. hours/week:
Do you have any phobias (heights, confined space, etc)?	YES	NO	If YES, details:
Do you wear glasses or contact lens?	YES	NO	If YES, details:
Do you have any hearing difficulties?	YES	NO	If YES, details:
Back issues that would prevent you from lifting heavy objects?	YES	NO	If YES, details:
Has a doctor ever said that your blood pressure was too high?	YES	NO	If YES, details:
Have you recently completed a medical or fitness exam?	YES	NO	If YES, details:
Any past respiratory or breathing difficulties?	YES	NO	If YES, details:
Any other health or medical issues we should be aware of?	YES	NO	If YES, details:

ADDITIONAL HEALTH & MEDICAL NOTES:

BACKGROUND CHECK - PROVIDE TWO PERSONAL REFERENCES

NAME:		ADDRESS:	
PHONE:		EMAIL:	
NAME:		ADDRESS:	
PHONE:		EMAIL:	

I may, or do, have a record for a criminal conviction - or, I am facing criminal charges.	YES	NO
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Details of any criminal record (NOTE: this *may* result in your disqualification)

AUTHORIZATION

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

I certify that the above information provided is correct and true to the best of my knowledge and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from Sooke Fire Rescue Service.

I agree to complete and submit a criminal record check with the RCMP.

APPLICANT SIGNATURE:

DATE:

ENSURE THAT YOU SUBMIT A FULL APPLICATION PACKAGE

	COMPLETE Application Form Signed and Dated
	Copies of Education/Graduation and Special Training Certificates
	Copy of Drivers License Front and back
	Copy of Drivers Abstract
	Vulnerable Sector Police Information Check



Recruit Class of 2020 - Sooke Fire Rescue

Thank you for your interest in joining the Sooke Fire Rescue Team!