



## **HARRISON HOT SPRINGS FIRE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION**

**PLEASE DETACH THIS PAGE FROM THE  
APPLICATION AND KEEP FOR YOUR INFORMATION**

Read the information on this page at least once before completing the Application Form. This Information outlines the entrance requirements and selection procedures for the position of Paid-On-Call Firefighter in the Harrison Hot Springs Fire Department.

### **A. ENTRANCE REQUIREMENTS:**

**Minimum Requirements:** (are required at the time of application)

1. Canadian Citizenship, or Landed Immigrant.
2. At least 19 years old.
3. Must have Grade 12 education.
4. Height/Weight: Must be proportionate. No minimum or maximum has been set.
5. Must be in good physical condition and able to successfully complete a physical test.
6. Hearing must be normal without aids.
7. Vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
8. Colour vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License
9. Valid Class 5 Drivers License
10. Must be a resident of Harrison Hot Springs or work in Harrison Hot Springs
11. A favourable criminal record that will not bring the fire department into disrespect or hampers one's ability to obtain a First Responder's Medical License
12. A favourable Driver's Abstract that has less than 6 points in any one year or less than 9 points in the five year history and must not have had any 214/215 suspensions or other impaired driving conviction or any Superintendent of Motor Vehicle caused suspensions.

### **B. PREFERRED REQUIREMENTS:**

1. Availability to respond to daytime emergencies.
2. Advanced First Aid Training.
3. Previous firefighting or other related work.
4. Class 1 & 3 Driver's License or air brake endorsement.
5. NFPA 1001 or 1002 certification.
6. Bronze Medallion or equivalent.
7. Post Secondary Academic Diploma.
8. Technical, Trades or equivalent level.



## HARRISON HOT SPRINGS FIRE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION Information Check sheet

This is a check sheet to ensure that your application is as complete as possible. Ensure that all of the required information is complete and copies attached.

Please ensure the following documents are attached to this application:

- Ensure all of the application is complete
- Current within the last 10 days Driver's Abstract Attached (Obtained from the Motor Vehicle Branch). Note: You may be asked to update this regularly
- Photocopy of your driver's license. Include both sides.
- Photocopies of Transcripts referred to in your application
- Copies of all course Certificates referred to in your application

I confirm that my application is completed truthful and correctly,

Signature of Applicant \_\_\_\_\_

Date Received

**Note: This application  
will stay on file 6 Months  
from the above date  
unless updated.**

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**Return to:** Harrison Hot Springs Fire Department  
Po Box 160  
Harrison Hot Springs, BC V0M 1K0  
Attn: Chief Training Officer

***IMPORTANT:*** In order to prevent delays in reviewing your application:

- **Answer every question on this form clearly and completely**
- **All information must be attached or your application will not be accepted.**

Any false, erroneous or misleading answers or statements will be cause for rejection of this application, removal of your name from the eligible list or discharge from the department.



If "Yes" give date and state offense: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 – STABILITY AND AVAILABILITY**

How many years have you resided in Harrison Hot Springs? \_\_\_\_\_  
 How many years have you resided at your present address? \_\_\_\_\_

**Describe your living arrangements, do you:**

|                              |                               |                                |  |
|------------------------------|-------------------------------|--------------------------------|--|
| <input type="checkbox"/> Own | <input type="checkbox"/> Rent | <input type="checkbox"/> Board | <input type="checkbox"/> Live with Parents |
|------------------------------|-------------------------------|--------------------------------|--|

**Marital Status:**

|                                 |                                  |                                  |                                    |                                   |                                     |
|---------------------------------|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Common-law |
|---------------------------------|----------------------------------|----------------------------------|------------------------------------|-----------------------------------|-------------------------------------|

**Children:**

|                              |                              |                             |                                     |
|------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Do you have children:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>If yes, include ages please:</b> |
| If so do they live with you: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |

|                          |                              |                             |                            |                                   |                                    |                                 |
|--------------------------|------------------------------|-----------------------------|----------------------------|-----------------------------------|------------------------------------|---------------------------------|
| Is your spouse employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, is the employment? | <input type="checkbox"/> Fulltime | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual |
|--------------------------|------------------------------|-----------------------------|----------------------------|-----------------------------------|------------------------------------|---------------------------------|

In order to provide a view of your availability complete the following chart. Note each time block should have something written in it. During an average two week period of time (i.e. the last two weeks), please indicate the following:

|  |                                     |   |                                   |
|--|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Work hours      | <input type="checkbox"/> Child care | <input type="checkbox"/> Sport/recreation | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Leisure/hobbies | <input type="checkbox"/> Chores     | <input type="checkbox"/> Free time        | <input type="checkbox"/> Other    |

Check off each item when completed

**Week One**

| Time of Day    | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| 00:00 to 06:00 |        |        |         |           |          |        |          |        |
| 06:00 to 12:00 |        |        |         |           |          |        |          |        |
| 12:00 to 18:00 |        |        |         |           |          |        |          |        |
| 18:00 to 22:00 |        |        |         |           |          |        |          |        |
| 22:00 to 24:99 |        |        |         |           |          |        |          |        |

**Week Two**

| Time of Day    | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|--------|
| 00:00 to 06:00 |        |        |         |           |          |        |          |        |
| 06:00 to 12:00 |        |        |         |           |          |        |          |        |
| 12:00 to       |        |        |         |           |          |        |          |        |



**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Dates Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Year Month Day Year Month Day

**Job duties:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_

Do you have any regular or occasional work besides your main job?

Yes  No

If yes, what kind of work: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** (Two people not related by blood or marriage)

May we contact any current or past employer for references?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Inquiries: May we contact these references and ask them questions concerning your character?

Yes  No