Read the information below before completing an application. The application form must be completed and submitted with a driver’s abstract and a Criminal Record Check. Missing documents or an incomplete application may result in your application being rejected.

Minimum Qualifications

- At least 19 years of age
- Must reside in Harrison Hot Springs or surrounding area
- Must be legally entitled to work in Canada
- Must have a valid Class 5 BC Driver’s Licence
- Must have a safe driving record and be able to provide a driver’s abstract that does not have any impaired driving conviction(s) or any Motor Vehicle imposed suspension(s)
- Must pass a criminal record check
- Must be in good physical condition

Preferred Qualifications

- First Aid training
- Firefighting experience
- Class 1, 2, 3 or 4 driver’s licence
- Air brake endorsement
- NFPA 1001 and/or 1002 certification
- Post-Secondary education
- Technical or Trades certificates/training
- Ability to respond to day time call outs

Please complete the application and ensure the following documents are attached

- Driver’s abstract
- Copy of driver’s licence, both sides
- Copies of all course certificates referred to in your application
PAID-ON-CALL FIRE FIGHTER APPLICATION

SECTION 1 - PERSONAL INFORMATION

(PLEASE PRINT)
Surname: ________________________________ Given Name(s) __________________
Address: ___________________________________________________________________
City: ______________________________ Province: __________ Postal Code: __________
Phone Numbers: Home: ________________ Cell: ________________________________
Email: ______________________________________________________________________
Date of birth: __________________________

SECTION 2 - GENERAL INFORMATION

Are you legally entitled to work in Canada?    ☐ Yes    ☐ No
Do you have any restrictions on your driver's licence    ☐ Yes    ☐ No
If yes, please explain___________________________________________________________

Do you have an airbrake endorsement?    ☐ Yes    ☐ No
Do you have any First Aid training?    ☐ Yes    ☐ No
If yes, please specify____________________________________________________________

Have you ever been charged or convicted of any of the following?
A Criminal Code Offence    ☐ Yes    ☐ No
A Motor Vehicle Offence    ☐ Yes    ☐ No
A Fishery or Wildlife Act Offence, or    ☐ Yes    ☐ No
Other Federal or Provincial Statute Offence?    ☐ Yes    ☐ No

If “Yes” give date and nature of offence:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How many years have you resided in Harrison Hot Springs or surrounding area? ________
Harrison Hot Springs Fire Department
P.O. Box 160,555 Hot Springs Road
Harrison Hot Springs, BC, Canada, V0M1K0
Phone: (604) 796-9966 - Email: infohhsfd@harrisonhotsprings.ca

PAID-ON-CALL FIRE FIGHTER APPLICATION

Are you available for daytime emergency calls on weekdays? □ Yes □ No
Are you available for daytime emergency calls on the weekend? □ Yes □ No
Please list any training, skills, certification(s) or education that you have that could be considered as assets to your role as a firefighter.

______________________________________________________________________________
______________________________________________________________________________

SECTION 3 - EMPLOYMENT

Current Position: ________________________________________________________________

Is your position: □ Full Time □ Permanent Part Time □ Casual
Employer Name: ________________________________________________________________
Telephone: ________________________________________________________________
Immediate supervisor: __________________ Telephone: __________________
May we contact your supervisor? □ Yes □ No

Dates Employed: From: ____________________ To: ____________________
Year   Month   Day   Year   Month   Day

Previous employment - Provide complete employment history for the period of the last five years (attach additional sheets if necessary)

Position Title: ________________________________________________________________
Employer Name: ________________________________________________________________
Telephone: ________________________________________________________________
Dates Employed: From: ____________________ To: ____________________
Year   Month   Day   Year   Month   Day

Position Title: ________________________________________________________________
Employer Name: ________________________________________________________________
Telephone: ________________________________________________________________
Dates Employed: From: ____________________ To: ____________________
Year   Month   Day   Year   Month   Day
PAID-ON-CALL FIRE FIGHTER APPLICATION

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

REFERENCES: (Provide the names of two people who are not relatives that can be contacted to provide a character reference.)

Name: ___________________________ Phone: ___________________________
Name: ___________________________ Phone: ___________________________

Signature ___________________________ Date ___________________________

This personal information is collected pursuant to s. 26 of the Freedom of Information and the Protection of Privacy Act.