



# CRESTON VALLEY FIRE SERVICE

## WORK EXPERIENCE PROGRAM (WEP)

### FIREFIGHTER APPLICATION



#### **GENERAL INFORMATION – PLEASE READ CAREFULLY**

Please read the information on the following pages prior to completing the Application Form. This information will outline the entrance requirements and selection procedures for the position of Work Experience Program Firefighter for the Creston Valley Fire Service.

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

Minimum Qualifications: (Required at time of application)

1. Canadian Citizenship or Landed Immigrant.
2. Between the ages of 19 and 60 years.
3. Doctor's Medical Clearance or Certificate of Fitness; Fit Tech, CPAT or YORK.
4. Hearing must be normal without use of hearing aids.
5. Vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
6. Possess a favorable criminal record that will not bring the fire department into disrepute or hampers one's ability to obtain a First Responder's Medical License.
7. A favorable 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 any 214/215 suspensions or any other impaired driving conviction or any Superintendent of Motor Vehicle caused suspension.
8. Air-Brake Endorsement.
9. NFPA 1001 or 1002, BC Firefighter 1 & 2 or equivalent certification.
10. Commitment to the 12-month Work Experience Program.

#### **B. PREFERRED QUALIFICATIONS:**

1. Advanced First Aid Training.
2. Previous firefighting or other related work.
3. Class 1 or 3 Driver's License.
4. Post-Secondary Academic Education (Graduate Certificate, Diploma, Bachelor, Masters, etc.)
5. Technical, Trades or equivalent level.
6. Considerable Mechanical Aptitude.



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### **C. PHYSICAL CONSIDERATIONS AND ABILITIES:**

1. Healthy and active lifestyle:
  - a. Provide information on personal healthy eating habits.
  - b. Provide information on regular personal physical conditioning.
2. Core Strength:
  - a. Ability to perform 25 push-ups within one minute.
  - b. Ability to perform 45 sit-ups within one minute.
  - c. Ability to drag 175 lbs (80 kg) 100 feet.
  - d. Ability to dead lift 15lb weight.
  - e. Ability to drag dry fire hose 50 feet.
3. Cardiovascular Fitness:
  - a. Ability to run 1.5 miles (2.4 km) in 13 minutes.
4. Dexterity:
  - a. Search and rescue obstacle course.
  - b. Climb 35' ground ladder.
5. Agility and strength to perform prolonged and arduous work under adverse conditions.
6. Ability to react quickly and remain calm under duress.

### **CI. WORK EXPERIENCE PROGRAM FIREFIGHTER: NATURE AND SCOPE OF WORK**

WEP Firefighters are responsible for the combating, extinguishing and prevention of fires and saving of life and property within the Town of Creston, Canyon/Lister, Wynndel, Lakeview and West Creston fire protection boundaries to department's standards.

WEP Firefighters participate in training as required by the department's training program. WEP Firefighters participate in regular shift routines and duty coverage. As part of their commitment WEP Firefighters will participate in Fire Prevention, Public Education, Station and Equipment Maintenance.

Without restricting the general nature and scope of the work, the following are illustrative examples of work which may be expected in the classification of WEP Firefighter:

1. Is prompt to all meetings and training.
2. Familiarizes themselves with and abides by fire department procedures, rules and regulations.
3. Familiarizes themselves with the handling, care and maintenance of all department equipment.
4. Attends promptly when the alarm is sounded.
5. Lays and connect hose, directs water streams, raises and climbs ladders, uses portable extinguishers, self-contained breathing apparatus, and all other firefighting, rescue, tools and equipment.
6. Searches for and rescues persons from danger.
7. Ventilates premises to release heat and smoke; places salvage covers to prevent water damage.



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8. As assigned, drives and operates motor driven firefighting apparatus.
9. Remains on the scene of an incident until given permission to leave by the officer-in-charge.
11. Returns to the fire station after incidents and practices to assist in cleaning of equipment and making the apparatus and equipment ready for the next alarm; reports the loss or damage of apparatus or equipment.
12. Cleans and maintains personal equipment and ensures its ready state.
13. Ensures his/her name has been recorded on the attendance sheet for alarms and training.
14. Serves on any committee to which he/she may be elected or appointed.
15. Performs related duties as required.

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

- Answer every question on the 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.



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### APPLICATION COVER PAGE

#### APPLICANT NAME:

Please print clearly.

This check sheet is to ensure that your application is as complete as possible allowing for processing without delay. Any items not checked or submitted will result in your application not being processed.

It is important, that all items are checked and the appropriate documentation is included. Staff will not follow up if items are missing.

Return this sheet with your application; signed and dated.

Please ensure the following documents are attached to this application:

|                          |  |                          |   |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | APPLICATION COMPLETED WITH ALL BLANKS FILLED WITH ACCURATE INFORMATION | <input type="checkbox"/> | COPIES OF HIGH SCHOOL / POST SECONDARY EDUCATION TRANSCRIPTS INCLUDING FROM FIRE ACADEMY (NOT DIPLOMA OR CERTIFICATE) |
| <input type="checkbox"/> | CURRENT DRIVER'S ABSTRACT (WITHIN 10 DAYS)                             | <input type="checkbox"/> | COPY OF NFPA 1001 (IFSAC/PRO-BOARD) CERTIFICATE (OR EQUIVELANT)   |
| <input type="checkbox"/> | PHOTO COPY OF DRIVER'S LICENCE (BOTH SIDES)                            | <input type="checkbox"/> | COPIES OF RELATED FIRE SERVICE CERTIFICATES   |
| <input type="checkbox"/> | PHOTO COPY OF BIRTH CERTIFICATE OR PASSPORT                            | <input type="checkbox"/> | COPIES OF REFERENCE LETTERS   |
| <input type="checkbox"/> | CRIMINAL RECORD CHECK FROM LOCAL POLICE DETACHMENT / PROVINCE          | <input type="checkbox"/> | PHOTOGRAPH (Colour – similar to passport photo with light background)   |
| <input type="checkbox"/> | RESUME WITH COVER LETTER   |                          |   |

Do you agree to commit to the 12-month Fire Service Work Experience Program?  
(Exception granted if hired by a career fire department during Program)

YES       NO

Do you agree to reside in Creston, British Columbia throughout your Program?

YES       NO

Do you agree to make the staff quarters provided your primary residence?

YES       NO

I CONFIRM THAT MY APPLICATION IS COMPLETED TRUTHFUL AND CORRECTLY, ADDITIONALLY, I AGREE TO ABIDE BY THE RULES, REGULATION, POLICIES, PROCEDURES, GUIDELINES AND BYLAWS THAT GOVERN THE CRESTON FIRE RESCUE DEPARTMENT.

DATE RECEIVED

Signature of Applicant

Date

#### RETURN TO:

WORK EXPERIENCE PROGRAM  
CRESTON FIRE RESCUE  
BOX 1339  
1505 COOK ST.  
CRESTON, B.C.  
V0B 1G0



**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**SECTION 1 – GENERAL INFORMATION:** (Please Print Neatly)

**FULL NAME:** \_\_\_\_\_  
Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Current Residential Address:**

Unit # Street Number Street / Avenue Name City Postal Code

**Contact Information:** HOME PHONE: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name \_\_\_\_\_ Contact Number \_\_\_\_\_

**Emergency Contact Relationship:** \_\_\_\_\_

**SECTION 2 – PERSONAL & PHYSICAL DATA:** (Please Print Neatly)

**Date of Birth:** \_\_\_\_\_  
YEAR / MONTH / DAY

**Age:** \_\_\_\_\_

**S.I.N.** \_\_\_\_\_

**Driver's Licence #:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Province of Issue:** \_\_\_\_\_

**Air Brake Endorsement?**  Yes  No

**Class:** \_\_\_\_\_

**Restrictions:** \_\_\_\_\_

**Have you included a recent (within 10 days) Driver's License Abstract?**

YES  NO

**Do you have any points or demerits on your Driver's Abstract?**

YES  NO

**If you have demerits or points, how many?**

**Are you licensed to drive large tandem axle trucks (two axles at rear of truck)?**

YES  NO

**Height:** \_\_\_\_\_  
CM

FT / INCHES

**Weight:** \_\_\_\_\_  
KGS

LBS

**Shoe Size:** \_\_\_\_\_

**Boot Size:** \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Neck Size (Shirt):** \_\_\_\_\_

**Waist Size:** \_\_\_\_\_

**Chest:** \_\_\_\_\_

**Pant Inseam:** \_\_\_\_\_

**Do you agree to commit to the 12-month Fire Service Work Experience Program?  
(Exception granted if hired by a career fire department during Program)**

YES  NO

**Do you agree to reside in Creston, British Columbia throughout your Program?**

YES  NO

**Do you agree to make the staff quarters provided your primary residence?**

YES  NO



**CRESTON FIRE RESCUE  
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**SECTION 2 – PERSONAL DECLARATIONS:**

**APPLICANT NAME:**

Please print clearly.

I hereby declare that I am a: **CANADIAN CITIZEN**  **LANDED IMMIGRANT**  and I am legally eligible to work in Canada and participate in the Firefighter Work Experience Program. Attached to my application package is a photocopy or scan of my:

**Birth Certificate**  **Canadian Passport**  **Immigration Work Permit**

**Provincial or Federal Convictions**

**NOTE:** Charge or conviction of an offence does not necessarily preclude consideration for the position of Work Experience Program Firefighter. Any violation will be judged on the basis of its relation to this occupation.

Have you ever been charged or convicted of any of the following?

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Criminal Code Offence, or                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Motor Vehicle Act Offence, or                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. A Fishery or Wildlife Act Offence, or            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any other Federal or Provincial Statute Offence? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If "YES" give date and state offense:

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Have you ever had credit or financial problems?

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Failure to pay debt or expense (credit card, utilities, etc.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Been contacted by a collection company to collect debt?        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Had wages garnished to pay for debt?                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do owe money to Canada Revenue Agency?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If "YES" give brief explanation:

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**Do you authorize the Town of Creston to conduct background information checks which could include criminal records check or financial credit history as part of your pre-employment status with the Creston Fire Rescue Department? The personal information collected on this form will be used solely for the purposes of processing the employment application.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**SECTION 3 – GENERAL BACKGROUND:**

**3A - Current Employment**

Are you currently employed?  YES  NO

If yes, current position title: \_\_\_\_\_

Is your position?  Fulltime  Part Time  Casual

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

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

Phone: \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

May we contact your immediate supervisor?  YES  NO

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Work Schedule:  Days  Afternoons  Nights

Job Duties:

\_\_\_\_\_

\_\_\_\_\_

Would you be quitting or taking a leave of absence to participate in this program?

\_\_\_\_\_

\_\_\_\_\_

**3B - Firefighter Certification**

Have you completed a recognized Fire Service Pre-Employment Program?  YES  NO

If yes,

|                     |  |
|---------------------|--|
| Institute / College | Province / State                         |
| Year Completed      | Did you receive NFPA 1001 Accreditation? |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

**3C - Fitness Certification**

Have you completed a firefighter physical fitness certification? (CPAT, YORK, CFAI-CTS)  YES  NO

Have you attached copy of certificate to application package?  YES  NO

If yes,

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Test Type (CPAT, YORK, OFAI-CTS) | Province / State Where Completed? |
| Date (YYYY-MM-DD) Completed      |                                   |

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### 3D - Medical Clearance

PLEASE SKIP THIS STEP IF YOU HAVE INCLUDED A FITNESS CERTIFICATE ON PART 3C

Have you attached copy of medical certificate of health to application package?  YES  NO

If yes,

|                             |                                   |
|-----------------------------|-----------------------------------|
| PHYSICIAN'S NAME            | Province / State Where Completed? |
| Date (YYYY-MM-DD) Completed | PHYSICIAN'S OFFICE PHONE NUMBER   |

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### SECTION 4 – GENERAL QUALIFICATIONS:

#### 4A – Medical Responder Training (FR / EMR / PCP)

Have you completed a recognized medical responder training program?  YES  NO

If yes, please record the highest level of training achieved below:

|  |  |
|--|--|
| Institute / College / Training Provider  | Province / State                                 |
| Year Completed   | Training Completed (First Responder / EMR / PCP) |
| Have you received a license from an authority having jurisdiction?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | License Number (include copy with certificate).  |

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#### 4B – FIRST AID TRAINING

Have you completed a recognized first aid program?  YES  NO

If yes, please record the highest and most recent level of training:

|   |                          |
|---|--------------------------|
| Institute / College / Training Provider | Province / State         |
| Year Completed                          | Training Level Completed |

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#### 4C – CPR TRAINING

Have you completed a recognized CPR program?  YES  NO

If yes, please record the most recent level of training:

|   |  |
|---|--|
| Institute / College / Training Provider | Province / State                                 |
| Year Completed                          | Training Completed (First Responder / EMR / PCP) |

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**4D – HIGH SCHOOL EDUCATION**

**HIGH SCHOOL:**

Have you completed Grade 12?

Yes

No

Copy of High School Transcript Attached to Application?

Yes

No

Name of High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

*The following sections are for post-secondary and trades school education.*

**PLEASE DO NOT RECORD FIRE SERVICE TRAINING HERE UNLESS IT IS PART OF A DEGREE PROGRAM.**

**4E – POST SECONDARY EDUCATION (attach copies of certificates or transcript)**

Have you completed a recognized post-secondary degree program?

YES       NO

If yes, please record the most recent degree program:

|                               |                |   |
|-------------------------------|----------------|---|
| Name of College or University |                | Program / Degree Completed                        |
| Year Started                  | Year Completed | Total College / University Credit Hours Completed |

*ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION*

**Additional post-secondary degree programs completed:**

|                               |                |   |
|-------------------------------|----------------|---|
| Name of College or University |                | Program / Degree Completed                        |
| Year Started                  | Year Completed | Total College / University Credit Hours Completed |

*ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION*

**4F – TECHNICAL TRADES EDUCATION (attach copies of certificates or transcript)**

Have you completed a recognized technical trades program?

YES       NO

If yes, please record the most recent trades program completed:

|  |                |   |
|--|----------------|---|
| Name of Technical Trades Educational Institution                         |                | Trades Program  |
| Year Started   | Year Completed | Have you completed all educational components of this trades program?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| Name of Employment where apprenticeship hours completed? (if applicable) |                | Have you worked in this trade?<br><br><input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOURNEYMAN                         |

*ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION*



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**4G – PAST WORK EXPERIENCE**

**Please list the last five years of employment. List in order of from most recent to oldest.**

**If you need additional space, utilize extra sheet at end of application package.**

|          |  |                       |                                 |
|----------|--|-----------------------|---------------------------------|
| <b>1</b> | Name of Employer                                 |                       | Job Title / Position            |
|          | Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
|          | Name of Supervisor                               |                       | Contact Phone Number            |
|          | Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

|          |  |                       |                                 |
|----------|--|-----------------------|---------------------------------|
| <b>2</b> | Name of Employer                                 |                       | Job Title / Position            |
|          | Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
|          | Name of Supervisor                               |                       | Contact Phone Number            |
|          | Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

|          |  |                       |                                 |
|----------|--|-----------------------|---------------------------------|
| <b>3</b> | Name of Employer                                 |                       | Job Title / Position            |
|          | Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
|          | Name of Supervisor                               |                       | Contact Phone Number            |
|          | Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

If you require more spaces, please refer to page 25 for additional employment spaces.



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### SECTION 4F – PREVIOUS FIREFIGHTING EXPERIENCE

Have you ever been a member of any fire department, rescue squad or similar organization?

YES       NO

Response Organization (check all applicable):

Fire Department       Rescue       Medical

If yes, please list types of equipment you were trained to use:

|                                |                                      |  |   |
|--------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> SCBA  | <input type="checkbox"/> Small Tools | <input type="checkbox"/> Ladders           | <input type="checkbox"/> Gas Power Tools        |
| <input type="checkbox"/> Pumps | <input type="checkbox"/> Fire Hoses  | <input type="checkbox"/> Driving Apparatus | <input type="checkbox"/> Hydraulic Rescue Tools |

#### Emergency Organization #1

|  |                       |                                   |
|--|-----------------------|-----------------------------------|
| Name of Emergency Organization           |                       | Job Title / Position              |
| Month - Year Started                     | Month - Year Finished | Reason for Leaving                |
| Name of Fire Chief or Supervisor         |                       | Contact Phone Number              |
| Annual Hours of Training Participated In |                       | Number of Calls Attended Per Year |

#### Emergency Organization #2

|  |                       |                                   |
|--|-----------------------|-----------------------------------|
| Name of Emergency Organization           |                       | Job Title / Position              |
| Month - Year Started                     | Month - Year Finished | Reason for Leaving                |
| Name of Fire Chief or Supervisor         |                       | Contact Phone Number              |
| Annual Hours of Training Participated In |                       | Number of Calls Attended Per Year |

Briefly describe your role and experience gained through your affiliation with the above listed Emergency Organizations:

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## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### **5A – FIREFIGHTING RELATED COURSES AND CERTIFICATIONS**

**Only list certificates that will be accompanied with a copy of the certificate. Any training listed which does not include a copy of a certificate attached to application package will not be reviewed for eligibility. Do not include NFPA 1001 Certification which is documented earlier in application package.**

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

|  |  |  |
|--|--|--|
| Name of Training Provider / Institute                        |  | Training Program Completed   |
| Year Completed   |  | Total Hours of Training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |
| <i>ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION</i> |  |  |

If you require more spaces, please refer to page 26 for additional fire related training certificates.



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### **5B – GENERAL COURSES AND CERTIFICATIONS**

**Please provide information for non-firefighting related courses, such as WHMIS, H2S or other workplace safety courses completed.**

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

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|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

If you require more spaces, please refer to page 27 for additional general training certificates.



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**5C – COMMUNITY VOLUNTEERING EXPERIENCE**

**1**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**2**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**3**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**CRESTON FIRE RESCUE  
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**5C – COMMUNITY VOLUNTEERING EXPERIENCE (continued)**

**4**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**5**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**6**

|  |  |  |                    |
|--|--|--|--------------------|
| Name of Organization                     |  | Volunteer Position                                       |                    |
| Month - Year Started                     |  | Month - Year Finished                                    | Reason for Leaving |
| Name of Contact                          |  | Contact Phone Number                                     |                    |
| Total Number of Volunteer Hours Per Year |  | Did you volunteer weekly, monthly, annually or one time? |                    |

Duties / Role:

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**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**SD – PERSONAL ACHIEVEMENTS**

|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 1 |             |      |

Provide brief details of achievement:

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 2 |             |      |

Provide brief details of achievement:

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 3 |             |      |

Provide brief details of achievement:

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 4 |             |      |

Provide brief details of achievement:

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 5 |             |      |

Provide brief details of achievement:

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# **CRESTON FIRE RESCUE**

## **WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



## 5E – OTHER SKILLS & EXPERIENCES

Can you swim?  Yes  No

Do you have any Life Saver Training? (attach copies of certificates)  Yes  No

If Yes, Certificate #: \_\_\_\_\_ Date: \_\_\_\_\_

Do you regularly swim to maintain swimming skills?  Yes  No

If yes to previous question, how many hours per month do you swim? \_\_\_\_\_

Do you have experience in Wildland Firefighting?  Yes  No

Have you taken any specific Wildland Firefighting Training?  Yes  No

How many months experience have you gained in Wildland Firefighting? \_\_\_\_\_ Last Year \_\_\_\_\_

*Please include any copies of certificates and record certificates attained in Fire Related Certificate Training Section of Application*

Do you have experience with computers & software?  Yes  No

Have you taken any specific computer training?  Yes  No

If yes to the previous question, describe training received?

Are there other related training, skills or experiences you wish to share? Please describe:



# **CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



## **SECTION 6 – INTENTIONS**

My reasons for wishing to join the Work Experience Program are as follows: (In your handwriting)

## **SECTION 7 – MISCELLANEOUS**

Is there any additional information important to your application?

Yes

No



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### SECTION 8 – HEALTH AND LIFESTYLE DATA

In general, rate your health:  Excellent  Good  Fair  Poor

How many days of work have you missed due to illness / injury in the last two years? \_\_\_\_\_

Do you presently take any prescription drugs, which might affect your performance on physical or written tests?

YES  NO

Do you smoke?  Yes  No Explain: \_\_\_\_\_

Do you drink alcohol?  Yes  No Explain: \_\_\_\_\_

Do you participate in sports? (Indicate sport, frequency and for how many years)

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Do you have a regular exercise program?  Yes  No

If yes, please describe and indicate frequency and for how many years.

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What leisure or recreational activities do you pursue? (Indicate frequency and how many years)

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Have you had any serious injuries or illnesses?  Yes  No

Do you have any medical disabilities?  Yes  No

Do you require visual aids?  Yes  No

Do you have any colour vision impairment?  Yes  No

Do you have any hearing impairment?  Yes  No

If yes to any of the above 5 questions, please describe and explain condition. For vision and hearing, describe what corrective aids you are using:

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# **CRESTON FIRE RESCUE**

## **WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



## **SECTION 9 – ADDITIONAL PERSONAL DATA**

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

- Own
- Rent
- Board
- Live with Parents

### Marital Status

Single    Married    Widowed    Separated    Divorced    Common-law

## Children

|                               |                          |     |                          |    |
|-------------------------------|--------------------------|-----|--------------------------|----|
| Do you have children?         | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| If so, do they live with you? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| If so, what are their ages?   |                          |     |                          |    |

|                                 |                                     |          |                          |           |                          |        |
|---------------------------------|-------------------------------------|----------|--------------------------|-----------|--------------------------|--------|
| Is your spouse employed?        | <input checked="" type="checkbox"/> | YES      | <input type="checkbox"/> | NO        |                          |        |
| If yes, what is the employment? | <input checked="" type="checkbox"/> | Fulltime | <input type="checkbox"/> | Part Time | <input type="checkbox"/> | Casual |

Will you have debt payments while you are in this 12 month program?  YES  NO

If yes, what will the total monthly amount required for debt servicing be while in the program?

Have you ever been late on payments for loans, credit cards, etc.?

Have you ever been referred to a collection agency for debt collection?

Did you file your income tax return for previous taxation year?

Do you currently owe Revenue Canada any outstanding balance?

YES  NO

YES  NO

YES  NO

YES  NO

The average Work Experience Firefighter receives pay for attending incidents, standby duties, training, and a small monthly stipend. This pay averages about \$1000 to \$1200 per month. Describe how you will be financially able to participate in a 12 month program with this limited monthly pay?

**Is there any personal information that you wish to share that may make it a challenge for you to participate in a 12 month program?**

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## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### **SECTION 10 – REFERENCES:**

May we contact any current or past employer as a reference?  YES  NO

If no, please explain:

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**WORK REFERENCES:** (List two references who can provide reference to work or volunteer work)

#### **Reference #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### **Reference #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CHARACTER REFERENCES:** (Two people not related by blood or marriage, and were not a direct supervisor for previous employment.)

#### **Reference #1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### **Reference #2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### SECTION 11 – CRIMINAL RECORD CHECK

Working as a firefighter is considered a position of trust and requires the provision of a Criminal Record Check to the Town of Creston.

While performing your duties as a firefighter, you may be responsible from time to time for the well-being of one or more children or vulnerable persons. In addition to a Criminal Record Check, we request that a search is conducted in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Record Act and has been pardoned.

**Step 1:** Contained within this application package is a letter identifying the type of Criminal Record Check required, including a Vulnerable Sector Check (VS) for sexual offences for which a pardon has been granted. Take the enclosed letter and form to your local RCMP or Police detachment to request a Criminal Record Check.

**Step 2:** Pay any fees associated with the cost of any Criminal Record Check. This cost is the responsibility of the applicant.

**Step 3:** Include Criminal Record Check with this application package and check off box on Application Cover Page (page 4).

**Note:** The Town of Creston reserves the right to have further criminal record checks performed upon offer of a position or upon arrival in Creston at the local RCMP detachment.

A criminal record does not necessarily preclude an applicant from attaining a position with the Town of Creston, as the Town of Creston is an equal opportunity employer.

For more information regarding Vulnerable Sector Checks, please visit

<http://www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks>

<http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>



## CRESTON FIRE RESCUE

Box 1339, 1505 Cook St., Creston, BC V0B 1G0 Phone:  
250-428-2214 Fax: 250-428-9164



Attention: Local Police Detachment

To Whom It May Concern:

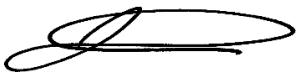
The individual listed below has applied to be a Work Experience Firefighter with the Town of Creston – Creston Fire Rescue.

Firefighters/rescuers in the community work from time to time with children and other vulnerable individuals through the course of their duties, including, but not limited to: emergency medical care, rescue work, firefighting and public education duties. As firefighters, the public places a high degree of trust in these individuals.

As such, and as a condition of employment, the individual presenting this letter requires to have a Criminal Record Check and a Vulnerable Sector Check enclosed with their application package. Any fees associated with obtaining these checks are the responsibility of the applicant.

Thank you in advance for your co-operation in providing this service. If you have any questions regarding this request for a Criminal Record Check and Vulnerable Sector Check, please do not hesitate to contact myself at (250) 428-2214, extension 511 or Assistant Fire Chief Laura Dodman at (250) 428-2214, extension 512.

Regards,



Jared Riel  
Fire Chief



Royal Canadian  
Mounted Police  
Canadian Police  
Information Centre

Gendarmerie royale  
du Canada  
Centre d'information de la  
Police canadienne

Form 1

## CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

*This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.*

### Identification of the Applicant

|                       |                |   |
|-----------------------|----------------|---|
| Surname               | Given Name(s)  | Sex   |
|                       |                | <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Date of Birth (Y-M-D) | Place of Birth | Current Address   |

Previous address es, if any, within the last 5 years

### Reason for the Consent

*I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.*

|   |                                       |
|---|---------------------------------------|
| Description of the paid or volunteer position | Name of the person or organization    |
| Firefighter/ Rescuer                          | Creston Fire Rescue (Town of Creston) |

Details regarding the children or vulnerable person(s)

A work experience firefighter/ rescuer, who will be working in a position of trust, may work from time to time with children and other vulnerable individuals through the course of their duties, including but not limited to emergency medical care, rescue work, fire fighting and public education duties.

### Consent

*I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.*

*I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.*

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

Date (Y-M-D)

**Canada**

A National Police Service of the  
Royal Canadian Mounted Police



**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13A – ADDITIONAL FORMS – PAST WORK EXPERIENCE**

**Please list the last five years of employment. List in order of from most recent to oldest.  
If you need additional space, utilize extra sheet at end of application package.**

|  |                       |                                 |
|--|-----------------------|---------------------------------|
| Name of Employer                                 |                       | Job Title / Position            |
| Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
| Name of Supervisor                               |                       | Contact Phone Number            |
| Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

|  |                       |                                 |
|--|-----------------------|---------------------------------|
| Name of Employer                                 |                       | Job Title / Position            |
| Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
| Name of Supervisor                               |                       | Contact Phone Number            |
| Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

|  |                       |                                 |
|--|-----------------------|---------------------------------|
| Name of Employer                                 |                       | Job Title / Position            |
| Month - Year Started                             | Month - Year Finished | Reason for Leaving              |
| Name of Supervisor                               |                       | Contact Phone Number            |
| Was the position full-time, part-time or casual? |                       | Number of hours worked per week |

**PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.**



**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13B – ADDITIONAL FORMS - FIREFIGHTING RELATED COURSES AND CERTIFICATIONS**

**Only list certificates that will be accompanied with a copy of the certificate. Any training listed which does not include a copy of a certificate attached to application package will not be reviewed for eligibility. Do not include NFPA 1001 Certification which is documented earlier in application package.**

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | For accredited NFPA related training<br><input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

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## CRESTON FIRE RESCUE WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION



### **13C – ADDITIONAL FORMS GENERAL COURSES AND CERTIFICATIONS**

**Please provide information for non-firefighting related courses, such as WHMIS, H2S or other workplace safety courses completed.**

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

|                                       |                         |   |
|---------------------------------------|-------------------------|---|
| Name of Training Provider / Institute |                         | Training Program Completed  |
| Year Completed                        | Total Hours of Training | Was there testing required to pass program?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

*ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION*

**PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.**



**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13D – ADDITIONAL FORMS - COMMUNITY VOLUNTEERING EXPERIENCE**

|  |                       |  |
|--|-----------------------|--|
| Name of Organization                     |                       | Volunteer Position                                       |
| Month - Year Started                     | Month - Year Finished | Reason for Leaving                                       |
| Name of Contact                          |                       | Contact Phone Number                                     |
| Total Number of Volunteer Hours Per Year |                       | Did you volunteer weekly, monthly, annually or one time? |

Duties / Role:

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|  |                       |  |
|--|-----------------------|--|
| Name of Organization                     |                       | Volunteer Position                                       |
| Month - Year Started                     | Month - Year Finished | Reason for Leaving                                       |
| Name of Contact                          |                       | Contact Phone Number                                     |
| Total Number of Volunteer Hours Per Year |                       | Did you volunteer weekly, monthly, annually or one time? |

Duties / Role:

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|  |                       |  |
|--|-----------------------|--|
| Name of Organization                     |                       | Volunteer Position                                       |
| Month - Year Started                     | Month - Year Finished | Reason for Leaving                                       |
| Name of Contact                          |                       | Contact Phone Number                                     |
| Total Number of Volunteer Hours Per Year |                       | Did you volunteer weekly, monthly, annually or one time? |

Duties / Role:

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**CRESTON FIRE RESCUE  
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION**



**13E – ADDITIONAL FORMS - PERSONAL ACHIEVEMENTS**

|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 1 |             |      |

**Provide brief details of achievement:**

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 2 |             |      |

**Provide brief details of achievement:**

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 3 |             |      |

**Provide brief details of achievement:**

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 4 |             |      |

**Provide brief details of achievement:**

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|   | ACHIEVEMENT | YEAR |
|---|-------------|------|
| 5 |             |      |

**Provide brief details of achievement:**

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**PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.**