



### Logan Lake Fire Department

120 Chartrand Place  
PO Box 190  
Logan Lake, BC V0K 1W0  
P: 250-523-2315 F: 250-523-2347



**Name of Applicant:** \_\_\_\_\_

**Address: (include PO Box)** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Social Insurance No.** \_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Date of application:** \_\_\_\_\_ **Updated:** \_\_\_\_\_

### **Personal Record:**

**Education:**

Last grade completed \_\_\_\_\_ Year completed \_\_\_\_\_

Post Secondary? \_\_\_\_\_ Year completed \_\_\_\_\_

How long have you resided in the District of Logan Lake? \_\_\_\_\_

Do you have any phobias (height, enclosed spaces, etc.)?  Yes  No

If yes, please provide details \_\_\_\_\_

### **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 License Class: 1 2 3 4 5 7

Air Brakes Endorsement?  Yes  No

Do you have restrictions on your driver's license?  No  Yes If yes, what numbers? \_\_\_\_\_

### **Employment Information:**

Current occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone No. \_\_\_\_\_

Do you work shift work?  Yes  No Hours of work: \_\_\_\_\_ to \_\_\_\_\_

How long have you worked here? \_\_\_\_\_

Will your employer allow you to attend emergencies during working hours?  Yes  No

Are you available for calls during the day, Monday through Friday?  Yes  No

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Past Employment History:** 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 Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Specialized Training:** (Please list and provide details of any applicable training or experience)

First Aid: \_\_\_\_\_ Date Completed: \_\_\_\_\_  Current

Fire Fighting: \_\_\_\_\_

Mechanical or Trade Experience: \_\_\_\_\_

Other Training: \_\_\_\_\_

Volunteer Work: \_\_\_\_\_ Where: \_\_\_\_\_ How Long: \_\_\_\_\_

**Specialized Training con't:**

Water Training Lifeguard: \_\_\_\_\_

**Leadership Training:** \_\_\_\_\_

Please attach copies of any/all supporting certificates/documentation.

**Personal References:** (other than relatives)

**Name:** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Authorization:**

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

I also authorize the RCMP to conduct a Criminal Record search and for the RCMP to disclose the findings to the Logan Lake Fire Department. I also agree to provide fingerprints if necessary.

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 District of Logan Lake Fire Department.

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 costs 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; and**
- Copy of your Certificate of Graduation or GED.**

***Incomplete application packages will not be processed.***

**NOTE:** A medical examination report will be required and completed by all applicants prior to acceptance into the Department.

<u>FIRE DEPARTMENT USE ONLY</u>	
Suitable for processing _____	_____
Start Date _____	Doug Wilson, Fire Chief