**Comox Fire Rescue**

**Desire to Serve | Ability to Perform | Courage to Act**

**Paid on Call Firefighter Application**

**A progressive, innovative and dynamic emergency service organization**

Protecting life and property from unwanted fires, disasters, and providing assistance for medical and rescue emergencies. We as a department are committed to excellence and outstanding service.

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| **PLEASE PRINT ALL INFORMATION REQUESTED ON THIS APPLICATION****(use back of application for additional information)** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Surname First name Middle**

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BC Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driving Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Endorsements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCURATE AND LEGIBLE COMPLETION OF THIS APPLICATION FORM IS THE FIRST STEP IN THE DEPARTMENTS SCREENING PROCESS. PLEASE SUPPLY ALL INFORMATION TO THE BEST OF YOUR ABILITY.**

**1870 NOEL AVE, COMOX BC V9M 2K9**

[www.comoxfirerescue.org](http://www.comoxfirerescue.org),firehall@comox.ca

**250.339.2432**

**Applications are kept on file for a two-year period.**

**Training for lives who depend on it.**

**About you:**

Do you use corrective lenses? Yes / No Are you color blind/deficient? Yes / No

Are you hearing impaired? Yes / No Are you physically impaired? Yes / No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any of the following?

Cardiac ailments Yes / No Diabetes Yes / No

Allergic reactions Yes / No Epilepsy Yes / No

Respiratory ailments Yes / No Hernia Yes / No

Skeletal/muscular ailments Yes / No Hearing/vision impairment Yes / No

Fainting/dizzy spells Yes / No Hypertension Yes / No

Fear of heights Yes / No H.I.V. Yes / No

Infectious/communicable disease Yes / No Fear of confined spaces Yes / No

Do you have any other acute/chronic medical condition that may affect your performance as a

firefighter, expose others to risk, or affect medical treatment in case of an injury? Yes / No

If YES to any of the above medical questions please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been arrested? Yes / No

Do you have a criminal record? Yes / No

If yes, any of the above questions please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any skills applicable to the fire service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your main hobbies and interests outside of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDUCATION:**

Last Secondary School grade completed or equivalent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Secondary, Vocational or Trade Training: YES \_\_\_\_\_ NO \_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject, degree, or qualification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional qualifications or courses?

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Do you have any previous firefighting or similar experience, if so- when and where?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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First Aid Training & Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT:**

Where are you employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Full time (35hrs +) \_\_\_\_ Student

\_\_\_\_ Part-time \_\_\_\_ Unemployed

\_\_\_\_ Self-employed (please explain) \_\_\_\_ Other (please explain)

Is your normal job site in the Comox area? YES \_\_\_\_\_ NO \_\_\_\_\_

Would your employer allow you to respond to emergency calls during working hours?

Always \_\_\_\_\_ Usually \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your regular hours of work?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you normally available to respond to emergencies between Monday and Friday during the hours of 7am and 6pm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted by the Fire Department, you would be required to attend Tuesday night practices all year round. Approximately 7pm to 10pm. Can you meet this requirement? YES \_\_\_\_\_ NO \_\_\_\_\_

**WHY DO YOU THINK YOU WOULD BE AN ASSET TO THE FIRE DEPARTMENT?**

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Reference #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contract info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| The personal information on this form is collected under the authority of the Local Government Act. The information will be used for the purpose of an operating program of the municipality and will not be shared with other agencies. If you have any questions about the collection and use of this information, contact the Fire Chief at 250.339-2432. |

I, the undersigned, apply to enroll as a paid-on-call firefighter of Comox Fire Rescue and if accepted undertake to perform such duties as may be assigned to me by the Fire Chief, or his delegated representative in authority of Comox Fire Rescue.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to Comox Fire Rescue to conduct verification of the information given, as required.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**