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# **EMPLOYMENT APPLICATION**

## **FOR**

# **VOLUNTEER FIREFIGHTERS**

(Applications normally held for one (1) year from date of signing)

**The Corporation of the City of White Rock**  
Human Resources Department  
15322 Buena Vista Avenue, White Rock, British Columbia, V4B 1Y6  
Phone #: 604-541-2158 Fax #: 604-541-2150

## Employment Application for Volunteer Firefighters

<b>GENERAL INFORMATION:</b> (Please Print)			
Last Name:		First Name:	
Address:		City:	Province: Postal Code:
Phone #:	Cell #:	Email:	
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			
How long have you resided in the White Rock area?			

<b>EDUCATION AND TRAINING:</b>			
Last Secondary / High School Grade Completed:		Year completed:	Institution:
Post secondary? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, year completed:		Institution:
Post secondary? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, year completed:		Institution:

<b>EMPLOYMENT INFORMATION:</b>	
Current Employer:	Address:
Position(s):	Description of Duties:
Supervisor's Name and Title:	Phone #:
Are you a shift worker? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain hours and days of work:	

<b>EMPLOYMENT HISTORY:</b>	
Please provide details of your previous employment history beginning with the most recent.	
Organization:	Address:
Position(s) held:	Description of Duties:
Supervisor's Name and Title:	Phone #:
Length of Service: Reason for Leaving:	
From	To
Organization:	Address:
Position(s) held:	Description of Duties:
Supervisor's Name and Title:	Phone #:
Length of Service: Reason for Leaving:	
From	To

# Employment Application for Volunteer Firefighters

## SPECIALIZED TRAINING:

Please list and provide details of any applicable training or experience and attach copies of any / all supporting certificates / documentation:

First Aid:

Fire Fighting:

Mechanical or Trade:

Other:

List any organizations, interests, hobbies or sports:

Do you intend to become a Full Time Fire Fighter?

What is your reason for applying as a volunteer?

## CURRENT DRIVING INFORMATION:

Please attach a copy of your driver's license as well as a Driver's Abstract.

BC Driver's License Class Number: 1  2  3  4  5  (Check one)

Air Brake Endorsement?  YES  NO

Do you have restrictions on your Driver's License?  YES  NO If yes, what numbers:

Driver's Abstract Attached?  YES  NO

Do you have suitable transportation for immediate emergency response?  YES  NO

## MEDICAL HISTORY:

Have you ever experienced any type of illness, injury or accident which may affect your ability to perform the duties of a volunteer firefighter?  YES  NO

If yes, please explain:

Please note that a pre-employment medical assessment forms part of the City's recruitment process.

## ADDITIONAL COMMENTS:

## READ CAREFULLY BEFORE SIGNING

I hereby certify that the information given is true and correct and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the City of White Rock Fire / Rescue Department. I am willing to abide by the requirement to live within the City of White Rock Fire District (6 km radius).

Signature:

Date:

**THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN THE CITY OF WHITE ROCK**

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