Ladysmith Fire Rescue
P.O. Box 760 Ladysmith, B.C. V9G 1A5
Business Office 250.245.6436
Hall 250.245.6438

PAID-ON-CALL FIREFIGHTER APPLICATION

(Please fill in on computer or PRINT all information requested on this application)

Last Name:	Given Names:
Email Address:	Cell phone:
Home Address:	
Mailing Address:	Postal Code
Date of Birth (dd/mmm/yyyy):	
How long have you resided in the Ladysmith area?	
How long do you plan on residing in Ladysmith?	
Are you legally permitted to work in Canada?	☐ Yes ☐ No
Do you have any phobias (height, enclosed spaces, etc.)? If yes, please explain:	☐ Yes ☐ No
Do you have a criminal record? If yes, please explain:	☐ Yes ☐ No
Describe your skills applicable to the Fire Service :	

Describe your main hobbies and interests outside of work :

EDUCATION:

Last Secondary School grade completed (or equivalency)?

Post Secondary, Vocational or Trade Training? ☐ Yes ☐ No Date:

Subject, Degree or Qualification:

WORK EXPERIENCE:

Are you presently employed?

☐ Full time (more than 35 hours per/week)	☐ Student
☐ Part time (more than 25 hours per/week)	☐ Unemployed
☐ Part time (less than 25 hours per/week)	☐ Other (explain below)
☐ self employed (explain below)	

Present Employer:	Occupation:

Is your job site in the Ladysmith Area? ☐ Yes ☐ No

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

Always ☐ Usually ☐ Rarely ☐ Never ☐

What are your regular hours of work? Are you a shift worker? ☐ Yes ☐ No

If so, please explain hours and days of work:

If accepted by the Fire Department, you are required to attend Tuesday Night Practices (7 p.m. to 9 p.m.) and one weekend a month for the first year of training.

Can you meet this requirement? ☐ Yes ☐ No

You will be required to put in one weekend per month as DUTY CREW which you must be available for EMERGENCY CALLS and EQUIPMENT CHECKS. (Working hours exempt)

Are you able to commit to this? ☐ Yes ☐ No

Comments:

PREVIOUS FIREFIGHTING EXPERIENCE:

Fire Department / Industrial Department. Name:

Years of Service Reason for Leaving:

Why do you think you would be an asset to this department?

TRAINING & CERTIFICATES:

Please use the space provided below to list any relevant specialized Training/Certificates you have.

REFERENCES:		
Name:		Phone #:
Name:		Phone #:
Name:		Phone #:
May we contact these References?	☐ Y	☐ N

The personal information on this form is collected under the authority of the Municipal Act. This information is held as confidential. If you have any questions about the collection and use of this information, contact the Ladysmith Fire Chief at 250.245.6436

I, the undersigned, apply to enroll as a Paid-On-Call Firefighter for the Town of Ladysmith Fire Rescue Services, and if accepted undertake to perform such duties as may be assigned to me by the Fire Chief, Senior Officer or his delegated representative in the Ladysmith Fire Department.

I am aware that if my application is accepted for review, I will be required to undergo the following:

- **Medical Evaluation** (membership conditional on passing examination)
- **Physical Test**
- **A Criminal Record Check** (membership conditional upon satisfactory check)
- **1 Year Recruit Training and Probationary Period**

I herby give consent to the Town of Ladysmith Human Resources Department to conduct verification of the information given as required.

Signed:	Date:

Please submit application with cover letter and resume to careers@ladysmith.ca