



# DISTRICT OF LILLOOET FIRE DEPARTMENT

P.O. Box 458, Lillooet BC V0K 1V0 . Email [lfld.chief@lillooetbc.ca](mailto:lfld.chief@lillooetbc.ca) . [www.lillooetbc.com](http://www.lillooetbc.com)

Fire Hall Non-Emergency Tel. (250) 256-7222 Fire Hall Fax: (250) 256-4518

Municipal Office Tel: (250)256-4289 Municipal Office Fax: (250) 256-4288



## FIREFIGHTER APPLICATION

1. Name : \_\_\_\_\_

2. Physical Address : \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Phone Number : \_\_\_\_\_

5. Driver's Licence Class : \_\_\_\_ Air Brakes Endorsement: [ ] YES [ ] NO

6. Present Employer : \_\_\_\_\_

7. Present Job Description : \_\_\_\_\_

8. Will your employer allow you to attend fire calls during working hours? :

[ ] YES [ ] NO

9. Do you have any difficulties with heights or claustrophobia? [ ] YES [ ] NO

10. Do you have any conditions that might prevent you from performing any firefighter task?

[ ] YES [ ] NO

11. Do you have a first aid certificate? [ ] YES [ ] NO Type: \_\_\_\_\_ Level: \_\_\_\_\_

12. Special skills and abilities relative to firefighting: \_\_\_\_\_

\_\_\_\_\_

13. Previous experiences on Fire Departments or Emergency Services: \_\_\_\_\_

\_\_\_\_\_

14. Please provide a contact name and phone number for any previous fire/emergency service experience: \_\_\_\_\_

### All Firefighters:

- must be at least 19 years of age.
- will be required to pass a department physical agility test.
- will be required to pass a medical examination.
- will be required to comply with Workers Compensation Board requirements.
- will be required to live within a reasonable responding distance from the Fire Hall.
- will be required to carry and care for a pager.

If your application is accepted, the applicant will be placed on a 6-month probationary period. During this period, the probationary firefighter will be expected to hold a 100% training attendance. The probationary firefighters will be evaluated during and at the end of this period to determine their suitability as a firefighter.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(I hereby confirm that the information above is true and correct to the best of my knowledge).*

### DEPARTMENT USE

Date Application Received \_\_\_\_\_

Screening Committee: [ ] Accept: [ ] Hold: Date Reviewed \_\_\_\_\_

Fire Chief: [ ] Accept: [ ] Hold: Date Reviewed \_\_\_\_\_

\_\_\_\_\_  
**Fire Chief David Harder**