



DISTRICT OF LILLOOET FIRE DEPARTMENT

P.O. Box 458, Lillooet BC V0K 1V0 Email lfd.chief@lillooetbc.ca . www.lillooetbc.ca

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 Pat Sullivan