

# Salt Spring Island

## **Paid-On-Call**

## **Field Incident Technician (FIT)**



## **Application Package**

### **SSIFR FIT Pre-Requisite**

- Full Time Resident of Salt Spring Island
- Valid Class 5 BC Driver's License (Class 7 acceptable Novice "N")



**[www.saltspringfire.com](http://www.saltspringfire.com)**



# Salt Spring Island Fire/Rescue

## Paid-On-Call Field Incident Technician Application Form

[www.saltspringfire.com](http://www.saltspringfire.com)

### Personal Information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (h): \_\_\_\_\_ Telephone (w): \_\_\_\_\_  
Date of Birth (dd/mm/yyyy): \_\_\_\_\_  
BC Medical Services Plan No: \_\_\_\_\_  
Email: \_\_\_\_\_  
Texting Number: \_\_\_\_\_

### General Information

How many years have you lived at the address indicated above?

Please list any physical activities that you regularly participate in to keep yourself in good physical condition...

Have you been involved in other community work?      Yes      No

If yes, please specify...

## General Information (cont.)

List your interests and hobbies...

Do you have a criminal record?      Yes      No

Do you have any disabilities or medical restrictions which may affect your ability to perform the duties of a Paid-On-Call Field Incident Technician (FIT)?      Yes      No

If yes, please specify...

Do you have any phobias (heights, confined spaces, etc.) that may prohibit you from performing the duties of a Paid-On-Call Field Incident Technician (FIT)?      Yes      No

If yes, please specify...

Do you speak or write a second language?      Yes      No

If yes, please specify...

How did you hear about us?      Newspaper      Social Media      Website      Word of Mouth



**In case of Emergency, who should we contact?** (please provide two contacts)

**Contact 1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (h): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

**Contact 2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (h): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

**Education & Training**

**Secondary/High School**

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Last Grade Completed: \_\_\_\_\_ Did you graduate? Yes No

**Vocational/Trade/Technical Institution**

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Did you graduate? Yes No

**College/University**

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Did you graduate? Yes No

Other Certificates, Licenses, Apprenticeships, Programs or Related Courses...

## Related Skills

- Driver's License No: \_\_\_\_\_ Province: \_\_\_\_\_
- Class(s): \_\_\_\_\_
- Restrictions: \_\_\_\_\_
- Airbrakes:     YES     NO

Trucks/Heavy and/or Light Equipment experience...

Other Operating Skills...

First Aid Certification?     Yes     No     Level/Classification: \_\_\_\_\_

## Current Employer

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Supervisor/Manager Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Duties:

Do you work shifts?     Yes     No

What are your hours of work?     From: \_\_\_\_\_     To: \_\_\_\_\_

## Current Employer (cont.)

Would your company allow you to respond to emergency calls during working hours? (Circle One)

Always      Usually      Rarely      Never

Who can we contact to verify this?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you have your own vehicle for transportation?      Yes      No

Describe your experience/skills as they may apply to the Fire Department (ie. Carpentry, mechanical, radio communications, computers, electrical, plumbing or other)...

How do you think you would be an asset to the Salt Spring Island Fire Rescue?

## References (please provide three) **EMPLOYERS OR DIRECT SUPERVISORS ONLY**

### Reference 1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Reference 3

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

**DEADLINE FOR APPLICATIONS IS OCTOBER 31<sup>ST</sup> 2016.**

## FOR DEPARTMENTAL USE ONLY

### TESTING AND AUTHORIZATION DOCUMENTATION

WRITTEN TEST COMPLETED \_\_\_\_\_  
PHYSICAL TEST COMPLETED \_\_\_\_\_  
PHYSICAIN STATEMENT \_\_\_\_\_  
POLICE RECORD CHECK \_\_\_\_\_  
DRIVING RECORD CHECK \_\_\_\_\_

### READ CAREFULLY BEFORE SIGNING

I, the undersigned, apply to enroll as a Paid-On-Call Field Incident Technician (FIT) with the Salt Spring Island Fire Rescue and if accepted will undertake to perform such duties as may be assigned to me by the Fire Chief or his/her delegate(s).

I hereby certify:

1. That the information given on the application documents is true and I understand that any untrue statements will disentitle me for hire and will be cause for dismissal.
2. That I understand:
  - that my signature on this form is my permission to contact my present/past employers to obtain references and releases them from any liability from the *Freedom of Information Act*.
  - that there will be a probationary work period during which my performance and suitability for the position will be reviewed.
  - that as a condition of joining I will be required to pass a medical exam before my confirmation.
  - that I consent to a Police Record Check, and Vulnerable Sector Check.
  - that I consent to a Driving Record Check

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing and submitting this application you are indicating your acceptance of the above conditions.

Application can be mailed to or dropped off at:

**Salt Spring Island Fire/Rescue**  
**105 Lower Ganges Road,**  
**Ganges, Salt Spring island, BC V8K 2T1**

email [info@saltspringfire.com](mailto:info@saltspringfire.com) or faxed to: 250- 537-2507

Thank you for completing this application and for your interest in the Salt Spring Island Fire Department. Please feel free to contact us if you have any questions @ [info@saltspringfire.com](mailto:info@saltspringfire.com)

## Application Checklist

- Application Complete
- Current Police Record Check with Application (attached with application)
- Current Drivers Abstract (attached with application)
- Completed Doctors Approval Form (attached with application)



# Join an Amazing Team at Salt Spring Island Fire Rescue



Salt Spring Island Fire Rescue

**2017** Paid on Call FIT Recruitment Drive

## IMPORTANT DATES

- October 18th** Open House at Fire Hall #2.  
*(2470 Fulford Ganges Rd). 7pm.*
- Oct 31<sup>st</sup>** Application Deadline
- November 23<sup>rd</sup> - 24<sup>th</sup>** Interviews at Fire Hall #1  
*(105 Lower Ganges Road). Time TBA*
- December** Notifications
- January 3<sup>rd</sup>** START your LIFE with **SSIFR**

[www.saltspringfire.com](http://www.saltspringfire.com)

**BRING THIS LETTER IN TO FIRE HALL #1 TO BE SIGNED BY THE FIRE CHIEF, BEFORE APPLYING FOR A POLICE RECORD CHECK.**



Salt Spring Island Fire Rescue  
105 Lower Ganges Rd.  
Salt Spring Island, BC  
V8K 2T1

Emergency: 911  
Office: 250 537-2531  
Fax: 250 537-2507  
Email: [ageorge@saltspringfire.com](mailto:ageorge@saltspringfire.com)  
Web: [www.saltspringfire.com](http://www.saltspringfire.com)

**Re: Police Record Check**

**Date:** \_\_\_\_\_

Please accept this letter as confirmation that \_\_\_\_\_ is applying to become a Paid on Call (Volunteer) member of the Salt Spring Island Fire Rescue. As part of our policy all members require a Police record check to be completed. Applicants are asked to arrange for a Police Records Check and a Vulnerable Sector Check with their local Police detachment and submit the findings with their completed application. SSI RCMP only accepts Police record checks to be conducted on Wednesdays. (Photo ID required)

If you have any questions or concerns, please feel free to contact me at 250-537-2531 or email [ageorge@saltspringfire.com](mailto:ageorge@saltspringfire.com)

Sincerely,

Arjuna George  
Acting Fire Chief  
Salt Spring Island Fire Rescue