



DISTRICT of MACKENZIE FIRE RESCUE DEPARTMENT JUNIOR FIREFIGHTER PROGRAM

Please Print

Application Date: _____

Personal Information Confidential when completed		
Last Name	Given Name	Middle Initial
Address		
Telephone	Cell Phone	Email Address
Parent or Guardian Last Name	Parent or Guardian Given Name	
Address (if different than above)		
Telephone	Cell Phone	Email Address
Parent or Guardian Last name	Parent of Guardian Given Name	
Address (if different than above)		
Telephone	Cell phone	Email Address
Emergency Person		Emergency Contact
Do you currently have a parent or guardian that is a member of the Mackenzie Fire Rescue Department? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Volunteer Eligibility Requirements

Must be enrolled in a Senior Secondary school or equivalent, will be turning 16 years of age within the year of applying and not older than 18 years of age & physically able to perform the essential duties of a Volunteer Firefighter.

What hours would you not be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet Eligibility Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident of Mackenzie? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date: _____ S.I.N.: _____
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please describe:		

Employment Experience

Present Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you been employed there? Duties:
Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:

Volunteer Experience

Volunteer Organization: Name: Address: Telephone:	Position: How long have you volunteered there? Duties:
Volunteer Organization: Name: Address: Telephone:	Position: How long did you volunteer there? Duties:

Other Licences and Certificates

CPR	Expiry Date:
First Aid	Expiry Date:
Defibrillation	Expiry Date:
British Columbia Driver's Licence Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7N <input type="checkbox"/> 7L	Expiry Date:
Description	Date

Education Background

Elementary School Name:
Secondary School Name: Current grade or level:
Will you be attending a Post-Secondary Institution after graduation?

Please provide an accompanying resume, 1 page essay TOPIC "**Why I want to join the Mackenzie Fire Rescue Department Junior Fire Fighter Program**" and copies of all licences or certificates.

Conditions of Acceptance:

I affirm and certify that the information given on, or attached to; this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize District of Mackenzie Fire Rescue Department Administration to contact my references or previous employers as indicated and to obtain and review my medical assessment.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used for candidate selection purposes only.