



Lions Bay Fire Rescue

PO Box 141
400 Centre Road
Lions Bay, BC
VoN2E0

604-690-4908
lbfradmin@lionsbay.ca
www.lionsbay.ca/services/fire-rescue

2016 Paid On-Call Fire Fighter Application Form

For more information about recruitment process please visit www.lionsbay.ca/services/fire-rescue

By check-marking the box, you acknowledge that you meet the requirement and have included the required documentation.

Last Name:

First Name:

Application Requirements (no documentation required)

- ☐ No criminal charges or convictions for which you have not received a pardon that are related to the duties of the position
- ☐ Legal entitlement to work in Canada
- ☐ Application form completed virtually

All documents submitted via email to recruitment@lionsbayfirerescue.ca

Health Requirements (no documentation required)

- ☐ Color vision safe
- ☐ Normal hearing without artificial aids
- ☐ 20/30 corrected binocular vision and 20/100 uncorrected binocular vision or better

Documentation Requirements (submit in the following order)

- ☐ Detailed resume and Cover Letter
- ☐ NFPA 1001 Level 1 & 2 from accredited college
- ☐ Current drivers abstract
- ☐ Copy of valid BC Drivers License
- ☐ Copy of valid BC First Responders Level III, EMR, PCP Licence (Not Certificate)
- ☐ Any additional certificates or qualifications

Signature (Type Name)

Date



Village of Lions Bay
40th Anniversary
Splendour In Serenity



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Contact Information

First Name: _____
Last Name: _____
Email Address: _____
Phone Number: _____
Home Address: _____

Personal Information (All personal information is kept strictly confidential)

Current Employer: _____
Position: _____
Date(s) of Employment: _____
Nature of Work/Duties: _____

BC Drivers License #: _____ Class: _____ Air Brake Endorsement: Y / N

BC Medical #: _____

Allergies or Medical Conditions: _____

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Training

Fire Fighter & Rescue Certifications:

- ☐ NFPA 1001 Level 1 & 2: Fire Academy: _____ Date of Completion: _____
S-100 or S-215
- ☐ Rope Rescue Level of Training: _____
- ☐ Water Rescue Level of Training: _____
- ☐ Auto Extrication Level of Training: _____
- ☐ Hazmat Level of Training: _____
Confined Space Level of Training: _____

First Aid Certifications: (indicate level)

- ☐ OFA Level III or Paramedic In Industry
- ☐ First Responders Level III (EMA Licenced)
- ☐ EMR (EMA Licenced)
- ☐ PCP (EMA Licenced)

Licence/Cert #: _____ Expiry Date: _____
Endorsements: _____

References:

- ☐ Included with resume OR
- ☐ Detailed below

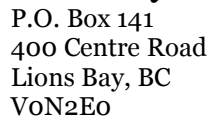
Name of employer/organization:

Name & Position:

Phone Number(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





This is your chance to tell us who you are and why you want to join LBFR. Also tell us about any other experience(s) you feel makes you a good candidate (continue of other pages if necessary).

[illegible]



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Applicant's Declaration:

By submitting my application, I certify that the information I am providing in my application for this position is true and complete to the best of my knowledge. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as the successful applicant.

I CONSENT: ☐ YES ☐ NO

Signature (Type Name)

Date



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