



SUN PEAKS FIRE RESCUE

WORK EXPERIENCE PROGRAM APPLICATION AND MEDICAL EXAMINATION FORM

Dear Applicant,

Thank you for your interest in Sun Peaks Fire Rescue Work Experience Program. Please read the following carefully to ensure accuracy. This form may be submitted either by e-mail or mailed with your supporting documentation before the application deadline. Any applications received after the closing date will not be accepted. Please note applicants must be a minimum of 19 years of age to apply.

Please ensure that your application and all supporting documents are submitted in ONE document (PDF or Microsoft Word) and are in the following order:

Required Qualifications:

1. WEP Application Declaration and Personal Information Consent
2. Document proving you are legally entitled to work in Canada (birth certificate or permanent residency document)
3. High School graduation transcript
4. NFPA 1001 level 1&2 plus HAZMAT Ops with IFSAC or PROBOARD seals
5. Valid First Responder III or Emergency Medical Responder Certificate or BCEMA First Responder or higher License
6. A valid BC Class 5 driver's license with an air brake endorsement or equivalent
7. Copy of current drivers abstract showing less than 6 demerits
8. Recent copy of a Police information check including a vulnerable sector check
9. SPFR Medical Examination Form completed by a physician
10. Applicant Resume
11. Reference Letters

Preferred Qualifications (if applicable):

12. Proof of completion of a post-secondary or trades education program
13. Valid class 3 or 4 BC driver's license
14. Documents to support volunteer experience in the emergency services field
15. Completion of relevant fire service related courses
16. Documents to support volunteer experience with a non-medical/non-fire organization

Submitted applications that do not contain supporting documentation in the above order, or are submitted after the closing date, or are not submitted as one document (PDF or Microsoft Word) will not be considered for the competition.



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Last Name:	First Name:
Mailing Address:	
City:	
Province:	Postal Code:
Home Telephone:	Cell:
E-Mail:	

Declaration

I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld or fabricated.

Applicant's Signature.

Date

Submit Applications by mail to:

Sun Peaks Fire Rescue
Work Experience Program
1220 Alpine Rd
Sun Peaks, BC V0E 5N0

Or by Email to:

info@sunpeaksfirerescue.com

Tel: (250) 578-8985

Fax: (250) 578-8905



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Personal Information Consent

Please read the following information carefully and sign where indicated to confirm your consent.

This section serves as your consent to the management of Sun Peaks Mountain Resort Municipality of your personal information in connection with your recruitment as a Fire Fighter with Sun Peaks Fire Rescue. This includes the collection, use and storage of your personal information by the Sun Peaks Mountain Resort Municipality.

Sun Peaks Mountain Resort Municipality is collecting the personal information contained in this medical examination form from you as part of your recruitment as a fire fighter with Sun Peaks Fire Rescue.

Your personal information is collected pursuant to section 26 of the British Columbia *Freedom of Information and Protection of Privacy Act* (FIPPA) and will be stored, used and disclosed as authorized under FIPPA. Provision of your personal information to Sun Peaks Mountain Resort Municipality is voluntary; however, refusal to provide the personal information requested may result in your ineligibility to serve as a Fire Fighter with Sun Peaks Fire Rescue.

Your personal information will be used by Sun Peaks Fire Rescue to assess your physical and mental ability to safely and effectively perform the duties of a firefighter. It is essential that you are and remain PHYSICALLY and MENTALLY capable of performing the duties of a firefighter.

If you have any questions about privacy protection, you may contact the Sun Peaks Mountain Resort Municipality's Chief Administrative Officer at 250-578-2020.

I, the undersigned, consent to the collection, storage and use of my personal information by Sun Peaks Mountain Resort Municipality in accordance with the purposes set out in this form.

Signature

Print name

Date



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Surname: _____ Given Names: _____

Date of Birth: ____/____/____
 yyyy mm dd

To the Patient:

- a) Please take this form to your physician for completion
- b) Please read and sign both the statement and consent sections at the end of this form

To the Physician:

- a) The medical examination to be performed by a licensed physician, using any testing procedures that they feels necessary, to determine if the patient named above is physically and mentally fit to effectively perform the duties of a fire fighter, without jeopardizing himself/herself, other personnel or members of the public that they may come into contact with while performing their duties.
 - b) It is essential that the patient be PHYSICALLY and MENTALLY capable of performing the duties of a fire fighter.
-

1. **Physical:** Height _____ Weight _____

2. **Blood Pressure:** ____/____ Pulse _____ Resp. _____

3. **Vision:** Without Glasses R 20/____ L 20/____
 With Glasses R 20/____ L 20/____

4. **Hearing:** Able to safely perform essential job tasks
 Yes/No

5. **Disease conditions.** Is there any medical evidence or history of:

1. Hernia	Yes/No	8. Infectious Hepatitis	Yes/No
2. Asthma	Yes/No	9. Tuberculosis	Yes/No
3. Fainting Spells	Yes/No	10. Heart Condition	Yes/No
4. Dizziness	Yes/No	11. Epilepsy	Yes/No
5. Allergies	Yes/No	12. Hypertension	Yes/No
6. Arthritis	Yes/No	13. Diabetes	Yes/No
7. Back Trouble	Yes/No	14. Respiratory Trouble	Yes/No



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If yes, please explain effect on the patient's ability to perform any duties of a fire fighter:

6. **Psychological and/or emotional illness.** Fire fighters may be involved in stressful, dangerous and/or tense situations. Has the patient exhibited or experienced any psychological or emotional episodes which would affect the types of duties they could perform as a firefighter? Yes/No

If yes, please explain:

7. **Physical fitness.** Fire fighters may have to drive or carry heavy equipment, climb several flights of stairs, navigate dangerous or burning buildings and/or physically assist/remove people/animals from dangerous situations. Does the patient have a physical condition which could limit their ability to carry out such duties of a fire fighter? Yes/No

If yes, please explain:

8. **Driving.** Are there any reasons to doubt that the patient can safely drive/operate a fire apparatus under stressful situations? Yes/No

If yes, please explain:



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9. **Self-contained breathing apparatus.** Are there any reasons to doubt that the patient can safely wear or use self-contained breathing apparatus? For example, is there any heart disease, impaired pulmonary function, or any other relevant condition? Yes/No

If yes, please explain:

10. **Alcohol or substance abuse.** Has the patient experienced any problems in the previous 12 months related to over-use and/or addiction to any substance, drug or alcohol? Yes/No

If yes, please explain:

11. **Medications.** Is the patient taking any regular medication? Yes/No
If yes, please specify

12. **History.** Is this your first contact with this patient? Yes/No

If no, how long have you treated the patient? _____

Please provide summary of any non-minor illnesses for which you have treated the patient:



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13. **Professional Opinion:** In light of your examination findings and the guidance of this form:

DO YOU CONSIDER THE PATIENT PHYSICALLY AND MENTALLY CAPABLE OF PERFORMING THE FOLLOWING DUTIES OF A FIRE FIGHTER: [CIRCLE ONE]

FIT FOR FULL DUTY

FIT FOR LIGHT DUTY

UNFIT FOR DUTY

Able to respond to emergency incidents and enter into an atmosphere that is IMMEDIATELY DANGEROUS TO LIFE and HEALTH (IDLH) wearing a self-contained breathing apparatus

Able to respond to emergency incidents, take a support role and drive fire apparatus. The firefighter is not able to enter an IDLH atmosphere and is not allowed to wear self-contained breathing apparatus

Not able to respond to emergency incidents, but is able to help out around the fire hall. The firefighter is not able to enter into an IDLH atmosphere and is not allowed to wear self-contained breathing apparatus

Date: _____ Signature of Physician: _____

Physician's Name: _____

Please print

Address: _____

Phone No: _____

Affix physician's stamp

Patient statement

I have answered all questions from my assigned physician, Dr. _____, honestly and truthfully, and I was forthcoming with the physician regarding any physical or mental condition that would have a bearing upon my PHYSICAL AND MENTAL ASSESSMENT.

Signature of patient

Print name

Date