



Castlegar Fire Department Firefighter Experience Qualification Questionnaire Checklist

Last name _____ First name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell phone _____

Email: _____

Please check the appropriate box below in answer to the following questions

1. Are you 19 years of age or over? Yes No
2. Are you legally entitled to work in Canada? Yes No
3. Are you able to physically perform the duties of a firefighter? Yes No
4. Do you have a secondary school diploma or equivalent? Yes No
5. Do you hold a valid BC Driver's License? 1-2-3-4-5-6 (circle)
(Class 5 minimum requirement) Yes No
6. Do you hold an out-of-province Driver's License? (please indicate Class, i.e. DZ) _____
7. Do you have an air brake endorsement? Yes No
8. Do you hold a current first-aid certificate of a minimum 7 hours? Yes No
9. Are you free of a criminal record? Yes No
10. Do you have visual acuity of at least 20/30 in each eye
(with or without visual aids)? Yes No
11. Are you comfortable being in confined spaces? Yes No
12. Are you comfortable with heights? Yes No
13. Are you willing to work in dangerous and unpleasant situations? Yes No
14. Are you able to calculate risks to help others in need? Yes No
15. Are you able to continue working despite physical discomfort? Yes No
16. Are you able to commit to the CFD minimum requirements? Yes No

Qualifications

- | | | |
|--|------------------------------|-----------------------------|
| 1. NFPA 1001, B.C. Fire Fighter 1 or 2 certified or equivalent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. For Ontario applicants, completed college, OFM Exams, FF1 & FF2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Pass a Criminal Records/Vulnerable sector check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Doctor's medical clearance or certificate of fitness. (CFD Medical form) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Pass a Driver's License check and a detailed personal reference check. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. CPR, First Aid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

I declare that the information contained in this
Qualifications Checklist
is true and that no false information has been provided.
Providing false information may lead to dismissal.

Signature _____ Date _____

Note: This form, along with your resume/application and supporting documents, must be submitted either by email, fax, or mail.

Attention to:

**Fire Chief
Sam M Lattanzio
460 Columbia Avenue, Castlegar, BC
V1N 1G7**

**Email: slattanzio@castlegar.ca
Phone: (250) 365-3266**