



SUN PEAKS FIRE RESCUE  
WORK EXPERIENCE PROGRAM

---

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

---

**Required Qualifications:**

- Legally entitled to work in Canada.
  - ***Copy of document proving you are entitled to work in Canada should be attached to your application (eg. birth certificate, landed immigrant status ect.)***
  
- Nineteen years or older.
  
- High School graduation or equivalent.
  - ***Copy of certificate should be attached to your application.***
  
- NFPA 1001 Levels 1 and 2 (with IFSAC or Pro Board seals)
  - ***Copy of certificate should be attached***
  
- A valid Class 5 driver's license with an air brake endorsement or equivalent.
  - ***A copy of your driver's license should be attached to your application***
  
- A driving record that demonstrates safe and responsible driving behavior.
  - ***A copy of your current driver's abstract should be attached to your application.***



SUN PEAKS FIRE RESCUE  
WORK EXPERIENCE PROGRAM

- No conviction of a criminal offence related to the job of a firefighter.
    - ***A copy of a Police Information Check should be attached to your application***
  
  - You are able to perform the duties expected of a firefighter.
    - **Medical examination form (attached below) to be completed by a physician and attached to your application.**
  
  - You able to commit yourself to the six month WEP program.
- 

### Preferred Qualifications

- Successful completion of a post-secondary education program
  - ***Copy of your certificate should be attached to your application.***
  
- A valid British Columbia Class 3 & 4 Drivers license.
  - ***Copy of your driver's license should be attached to your application.***
  
- Work experience related to the job of a firefighter.
  
- Volunteer experience in the emergency services field.
  
- Completion of any fire service related courses.
  - ***A copy of your certificates should be attached to your application.***
  
- Volunteer experience with a non-medical/non-fire organization



SUN PEAKS FIRE RESCUE  
WORK EXPERIENCE PROGRAM

---

**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

---

**This form may be submitted either by e-mail or mailed with your resume and cover letter before the application deadline. Include references with your resume.**

**Any applications received after the closing date will not be accepted.**

---

**Submit Applications to:**

Sun Peaks Fire Rescue  
Work Experience Program  
Sun Peaks, BC V0E 5N0  
Email: [chief@sunpeaksfirerescue.com](mailto:chief@sunpeaksfirerescue.com)  
Tel: (250) 578-8985 Fax: (250)578-8905

---



## SUN PEAKS FIRE RESCUE FIRE FIGHTER MEDICAL EXAMINATION

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.
- c) Please personally return the completed form to Sun Peaks' Training Officer

To the Physician:

- a) The medical examination to be performed by a licensed physician, using any testing procedures that he/she 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 he/she may come into contact with while performing his/her 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



## SUN PEAKS FIRE RESCUE FIRE FIGHTER MEDICAL EXAMINATION

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 he/she could perform as a firefighter?

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 his/her 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:

---

---

---



**SUN PEAKS FIRE RESCUE  
FIRE FIGHTER MEDICAL EXAMINATION**

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:

---

---

---



# SUN PEAKS FIRE RESCUE FIRE FIGHTER MEDICAL EXAMINATION

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**

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

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
*Please print*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*Affix physician's stamp*

Phone No: \_\_\_\_\_

**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



## SUN PEAKS FIRE RESCUE FIRE FIGHTER MEDICAL EXAMINATION

### 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 the 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 the 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 in by Sun Peaks Mountain Resort Municipality in accordance with the purposes set out in this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date