



**CITY OF YELLOWKNIFE
FIRE DIVISION
P.O. BOX 580, YELLOWKNIFE, NT X1A 2N4**

**Contact: Deputy Fire Chief Gerda Groothuizen
ggroothuizen@yellowknife.ca 867-766-5502**

APPLICATION FOR PAID-ON-CALL FIRE & LIFE SAFETY EDUCATOR

Please read the information package included prior to completing this form.

Please print legibly and complete this application in ink.

NAME:

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Last

First

Middle

ADDRESS:

HOME PHONE:

OTHER PHONE:

DO YOU RESIDE IN THE CITY OF YELLOWKNIFE? Yes No

HOW LONG HAVE YOU RESIDED IN THE YELLOWKNIFE AREA? _____

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? Yes No

DRIVER'S LICENCE

NWT DRIVER'S LICENCE # _____ **CLASS:** _____

EXPIRY: _____

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION YEAR ROUND? Yes No

NOTE: A Drivers Record Abstract from the Motor Vehicles Branch must accompany this application

AVAILABILITY

The Yellowknife Fire Department is committed to providing a 24-hour service. As such, we have a strong need for individuals who are available during normal business hours. Preference may be given to individuals who meet this criterion.

ARE YOU A SHIFT WORKER? Yes No

WHAT ARE YOUR NORMAL HOURS OF WORK? _____

ARE YOU AVAILABLE DURING BUSINESS HOURS (Mon-Fri 08:00-17:00)? Yes No

IF "No" PLEASE EXPLAIN: _____

IF ACCEPTED BY THE FIRE DIVISION, YOU WOULD BE REQUIRED TO INSTRUCT AN AVERAGE OF 10 HOURS A MONTH AS WELL AS ASSIST WITH THE FIRE PREVENTION WEEK OPEN HOUSE (OCTOBER), ASSIST WITH THE FIRE SAFETY FAIR (Sept/Oct), AND ATTEND A MONTHLY MEETING . ARE YOU ABLE TO MEET THESE REQUIREMENTS? Yes No

WORK HISTORY

Note: a resume may be included to provide the following information.

Date	Employer	Position & Duties

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE WITH ANY COMMUNITY ORGANIZATION?

Yes No IF YES, PLEASE SPECIFY ORGANIZATION AND DATES:

EDUCATION

Note: You may include a resume to provide the following information.

Name & Location of School or Institution	Program/Course	Highest Grade Completed (Degree, Diploma, Certificate, Licence)
HIGH SCHOOL		
POST - SECONDARY		
POST - SECONDARY		
OTHER		
OTHER		

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE? Yes No

RELATED EXPERIENCE

HAVE YOU EVER BEEN A MEMBER OF ANY FIRE DEPARTMENT, RESCUE SQUAD, OR SIMILAR ORGANIZATION?

Yes No IF YES, PLEASE SPECIFY ORGANIZATION AND DATES:

PERSONAL HEALTH

DO YOU HAVE ANY MEDICAL CONDITIONS OR DISABILITIES THAT WOULD INHIBIT YOUR ABILITY TO PERFORM THE DUTIES OF A FIRE & LIFE SAFETY EDUCATOR? Yes No

If "Yes", explain: _____

DESCRIBE YOUR INTEREST IN WANTING TO BECOME A PAID-ON-CALL FIRE & LIFE SAFETY EDUCATOR WITH THE CITY OF YELLOWKNIFE FIRE DIVISION:

IF YOU HAVE ANY OTHER EDUCATION OR SKILLS, WHICH YOU FEEL MAY ASSIST YOU IN THE POSITION OF PAID-ON-CALL FIRE & LIFE SAFETY EDUCATOR, PLEASE DESCRIBE BELOW:

(Attach additional sheets if more room is required)

REFERENCES

	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Work Telephone:			
Home Telephone:			
Occupation:			

NEXT OF KIN

In case of emergency during physical testing or training, please indicate a next of kin to contact.

Name	Relation	Home Contact #	Work Contact #

CRIMINAL RECORD

Conviction for a criminal or summary offence does not necessarily preclude consideration for the position of Paid-On-Call Fire & Life Safety Educator. Convictions will be reviewed on the basis of their relation to this position.

DO YOU HAVE ANY CRIMINAL OR SUMMARY CONVICTIONS THAT WOULD PREVENT YOU FROM BEING BONDED? Yes No

If "Yes", provide dates and particulars of each: _____

NOTE: A Criminal Record Search, conducted by the RCMP, is required of all individuals before final acceptance into the Yellowknife Fire Department.

APPLICANT'S DECLARATION

I, the undersigned, apply to become a Paid-on-Call Fire & Life Safety Educator with the City of Yellowknife Fire Division and, if accepted, will abide by the rules, policies and guidelines as established by the City of Yellowknife Fire Division and the City of Yellowknife.

- I consent to a Criminal Record Search, to be performed by the RCMP, and agree to complete and sign any additional consent or other forms required by the RCMP for this purpose.

I certify that all statements in this application are true and correct. I agree and understand that any misstatement of material facts in this application may cause loss of all rights to membership with the City of Yellowknife Fire Division.

Signature: _____

Date: _____

Please ensure that the following documents are attached with this application.

- ❖ Current Driver's License (Photocopy)
- ❖ Current Driver's Record Abstract

Please note that applications missing this information may not be processed.