



**OSOYOOS  
FIRE RESCUE**

9901 74<sup>TH</sup> AVE  
BOX 3010  
OSOYOOS BC V0H1V0

**PAID ON CALL APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (residence) \_\_\_\_\_ (cell)

Date of Birth: \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Place of Employment: \_\_\_\_\_

Current Work Schedule: \_\_\_\_\_ (Days) \_\_\_\_\_ (Hours)

Special Skills or Qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Yes	No
Do you have a Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
Driver's License No.: _____ Prov: _____ Class: _____		
Have you ever been charged with a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in the Emergency Services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any phobias?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state _____		

Are you self-motivated?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to maintain a level of professionalism on and off duty?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be allowed to leave work for emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a thirst for lifelong learning?	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to support our community members in a time of need?	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with a paramilitary work environment?	<input type="checkbox"/>	<input type="checkbox"/>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE</b>
DATE ACCEPTED: _____ (YEAR) _____ (MONTH) _____ (DAY)