



KINGSTON DISTRICT FIRE DEPARTMENT

SERVING KINGSTON & SURROUNDING AREAS
FOR OVER 60 YEARS

Kingston District Fire Department Application

Dear Applicant,

Thank you in advance for your interest in becoming a member of the Kingston District Fire Department. The Kingston District Fire Department was formed in 1944 and since has grown to a full roster of 60 firefighters. The department serves the villages of Kingston and Greenwood and surrounding areas.

The department responds to approximately 170 calls a year. Upon acceptance into the department you will be under probation for a minimum of 6 months, this period can be extended to a maximum of 12 months. Applicant **must be 18 years old and meet requirements for position applied for** prior to acceptance into the Kingston District Fire Department. As a probationary member, you will be required to:

- a. Respond to a minimum 30% of all emergency calls
- b. Attend a minimum 30% of all regular scheduled training sessions
- c. Attend a minimum of 40% monthly meetings
- d. Work at department sponsored events

Once all portions of this application are completed, return it to the station. A complete application includes all of the following:

- a. Signed cover letter indicating acknowledgement of minimum requirements.
- b. Completion of Personal Information form.
- c. Completion of Self Declaration Medical form.
- d. Completion of Membership Agreement/ Applicant Declaration Form
- e. Submission of Nova Scotia Drivers Abstract, from within past 6 months
- f. Submission of RCMP Criminal Records and Vulnerable Persons Check.
- g. If applicant was a member of another fire department within the past 3years, applicant is required to provide letter of reference from previous department representative, with contact information of department representative.
- h. Attendance at a maximum of 3 training sessions or duty weekends with attendance form signed by Senior Officer or designate.
- i. An interview with members of the Membership Committee.

All requirements for given position applied for must be completed in full before applicant can be assigned to department eligibility list. We take new members when open spots become available and you will be informed your position on the department eligibility list. We understand there are extenuating circumstances with this process, please do not hesitate to bring these forward.

The under signed, has read and understands the minimum requirements of the Kingston Fire Department and the required application process:

Print Name: _____

Signature: _____

Date: _____

Sincerely

Chief

Kingston District Fire Department



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LAST NAME:		GIVEN NAMES:	
CIVIC ADDRESS:		EMAIL:	
MAILING ADDRESS		VILLAGE:	POSTAL CODE:
D.O.B:	HOME PHONE:	CELL PHONE:	
EMPLOYER:		OCCUPATION:	
WORK ADDRESS:			

PLEASE LIST BELOW ANY WORK RELATED OR PERSONALLY ATAINED SKILLS or EXPERIENCES THAT YOU FEEL WOULD BENEFIT THZE DEPARTMENT

You are applying to The Kingston District Fire Department. We ask that you choose a given position that you would like to fill within the Department. By chossing a position you will be required to meet applicable standards for these positions.

Firefighter: Includes but not limited to frontline firefighting operations, direct patient care, working in adverse environments for extended period of time while wearing self contained breathing apparatus.

Requirements:

- Completion of all portions of application
- NO medical conditions that would prevent you from participating firefighting operations safely.
- Be physically capable of maintain high levels of exertion for long periods of time during stressful and adverse environments.

Driver/ Engineer: Includes but not limited to safely driving apparatus, operating fire pumps, setting up safe traffic control procedures and professional radio traffic techniques.

Requirements:

- Completion of all portions of application
- Hold valid NS Drivers License
- NO medical conditions that would prevent you from holding NS Class 3 Drivers License

Support Personal: Includes but not limited to traffic control, on-scene operations support, cleaning equipment, radio/ information tracking, filling air bottles. Does not include frontline firefighting operations.

Requirements:

- Completion of all portions of application

This application will be used for the soul purpose of the Kingston District Fire Department.

I declare that all the forgoing information is true and complete, and I understand that a false statement may disqualify me from becoming a member or be cause for immediate dismissal once a member.

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SIGNATURE: _____ DATE: _____



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Self Medical Declaration for Application to Kingston District Fire Department

NAME: _____

DATE: ____/____/____

HEALTH CARD NUMBER: _____

The above named applicant to the Kingston District Fire Department is applying to become a firefighter. Firefighting is an extremely physically and mentally demanding activity. This medical evaluation form is kept strictly confidential. For safety concerns, only Kingston District Fire Department Executive members are privy to information/ restriction(s) applied to applicant and to ensure the applicant meets requirements for position in which they are applying for. This is a self declaration medical form, failure to be true full and honest could result in immediate dismissal from the Kingston District Fire Department. These questions are for your safety and the safety of firefighters you will be working with.

Please answer/ circle the following:

- Do you take any long term medications that could affect physical ability or judgment?
Prescription or Non-prescription Yes or No
 - Does you have any known heart disease? Yes or No
 - Does you become short of breath easily? Yes or No
 - Does you have any known medication allergies? Yes or No
- If yes, please specify:

Do you currently have or have had any of the following, please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Stress/ Nervous Problems |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Drug or Alcohol Abuse | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes (Type 1 or 2) | <input type="checkbox"/> Asthma | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Cancer(s) | <input type="checkbox"/> Psychiatric Care |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Claustrophobia | |

- Do you have vision (color and peripheral) acceptable for firefighting operations while wearing safety glasses, goggles or self contained breathing apparatus?
- Do you have normal unaided or aided hearing?

If aided, is aid required at all times when participating in firefighting operations? Yes or No or N/A

We at the Kingston Fire Department rely on you to help keep you and our firefighters safe and for that we thank you.

If any of the above conditions apply, please simply outline any current restrictions that may limit your participation in firefighting operations but would not affect your acceptance into The Kingston District Fire Department. These conditions may be lifted at anytime with Physicians documented consent.

Restrictions: _____

Applicants Name: _____

Applicants Signature: _____

Date: _____



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Applicant must attend three (3) training nights as part of this application process. This is to help members meet the applicant and for the applicant to get an understanding of what is involved with being a member of the Kingston District Fire Department.

Applicant will not be a participant, simply an observer on these evenings.

The department trains once a week, Monday evenings starting at 6:45pm, **except for the first Monday of the month. Applicant not permitted to attend meetings.**

DATE	TOPIC	F .G.O SIGNATURE:
DATE	TOPIC	F.G.O SIGNATURE:
DATE	TOPIC	F .G.O SIGNATURE

On the nights the applicant attends, they must have one of the Fire Ground Officers sign this sheet to confirm attendance.



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Membership Agreement/ Applicant Declaration Form

I hereby voluntarily apply for membership within the Kingston District Fire Department. I understand that any equipment, uniforms, protective clothing, training materials, identification cards or badges or any other item which may be provided for my use is the property of the Kingston District Fire Department and must be promptly returned to the designated Officer upon my leaving the Department whether by resignation, leave of absence or dismissal.

I acknowledge that Department rules, General Operating Guidelines and Administrative Policies establish requirements for specific levels of attendance at departmental activities, safety or other conditions which are required to maintain membership within the Department.

I understand that participation in departmental activities shall make me privy to information about citizens of the fire protection area, members of the Department or other information of a personal or confidential nature and I will not reveal or discuss that information with anyone except as required to carry out my duties as a firefighter.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of the provided information is found to be untrue that this application may be rejected and if accepted into the Department, false statements on this application shall be considered sufficient cause for dismissal.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____



Consent for the Release of Police Information

Part 1 - Applicant Information (please print)

Last name		Given name (1)		Given name (2)		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth (yyyy-mm-dd)	
Address (no., street, apt.)				City		Province		Postal code	
Tel. no. (incl. area code)		Place of birth			Usual first name or alias		Maiden name or any other last name		
Previous address if less than 5 years at current address									
Address 1 (no., street, apt.)				City		Province		Postal code	
Address 2 (no., street, apt.)				City		Province		Postal code	

Part 2 - Consent

Important - Informed Consent (provided by the individual)

As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

Statement of Consent: I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Dated this _____ day of _____ 20____ Signature: _____

Record Check results will be picked up in person by the applicant, or:

Identity of the organization that is requesting and should receive the results of the record checks

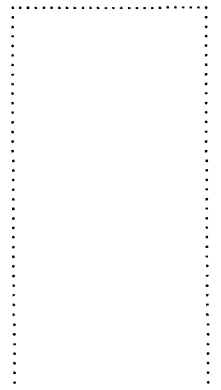
Name of Person or Organization		Address (no., street, apt.)	
City		Province	Postal code

Waiver for consent of release of information to third party:

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Dated this _____ day of _____ 20____ Signature: _____

Fingerprint: For card scan submissions only.



Part 3 - Type of Record Check Required - Completed by Applicant (selected and initialed)

1	Name-Based Criminal Record Check Initial here if requesting a Name-Based Criminal Record Check	A query, based on name and date-of-birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
2	Fingerprint-Based Criminal Record Check Initial here if requesting a Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.
3	Vulnerable Sector Check Initial here if requesting a Vulnerable Sector Check <input type="checkbox"/> RCMP form 3923 is attached.	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of <u>records management systems in other police agencies' jurisdictions</u> through the Police Information Portal (PIP) or other data sharing systems.
4	Declaration of Criminal Records Initial here if requesting a Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives. <input type="checkbox"/> Declaration of Criminal Records (RCMP form 6359) is attached.

Part 4 - Identification Provided

(1) _____ (2) _____

RCMP Employee: _____ ID. no.: _____



Reference Number
to be completed
by detachment

**Consent for Check for a Sexual Offence for which a
Record Suspension (Pardon) has Been Granted or Issued
(Vulnerable Sector Verification)**

PIB CMP PPU 005
and CMP PPU 030

This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information

This form is to be completed by an individual applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule of the *Criminal Records Act* and has been pardoned.

To be used only for organizations inside of Canada.

Part 1 - Identification of the Applicant

Surname	Given name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy-mm-dd)
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Part 2 - Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Title of the paid or volunteer position	Name of the person or organization
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Details regarding the responsibilities towards children or vulnerable person(s)

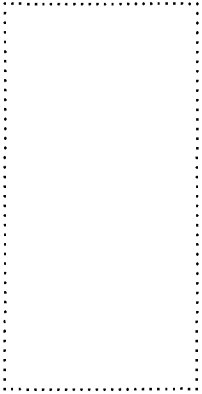
Paid position (fee enclosed) <http://www.rcmp-grc.gc.ca/cr-cj/fee-frais-eng.htm> Volunteer position (letter from non-profit organization attached)

Part 3 - Consent

I hereby consent to a search being made in the automated records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the *Criminal Records Act*.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule of the *Criminal Records Act* in respect of which a Record Suspension (Pardon) was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Fingerprint: For card scan submissions only.



Finger: _____

Contributing agency	
Signature of applicant X	Date (yyyy-mm-dd)

Part 4 - Verification

Name of verifier	
Title	Date received