



BC Wildfire Service Expression of Interest - Crew Leader

This form needs to be downloaded and opened in a PDF reader in order to function properly and may not be compatible with all cellular devices. For best results please complete using a computer. Once finished save the completed form and email with your resume to the email listed in the posting.

PERSONAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
Contact Number	<input type="text"/>	Email Address	<input type="text"/>
Mailing address	<input type="text"/>	City	<input type="text"/>
Province	<input type="text"/>	Postal Code	<input type="text"/>

POSITION INFORMATION

Position(s) applied for:

Initial Attack ☐

Unit Crew ☐

Location applied for:

Prioritize your preferences from 1 (most desirable) to 5 (least desirable), or select the 'Any' if you have no preference (Do not select locations that you are not willing to go to)

Fire Zone	N/A	Crew	Any	Preference	Any
Fire Zone	N/A	Crew	Any	Preference	Any
Fire Zone	N/A	Crew	Any	Preference	Any
Fire Zone	N/A	Crew	Any	Preference	Any

Check any other Fire Centres that you have also applied for positions with:

Cariboo Fire Centre ☐

Prince George Fire Centre ☐

Coastal Fire Centre ☐

Northwest Fire Centre ☐

Kamloops Fire Centre ☐

South East Fire Centre ☐

STAFFING CRITERIA/QUALIFICATIONS

Education, Training And Experience:

Grade 12. Yes ☐ No ☐

Please state school and graduation year:

A minimum of 2 seasons experience working on a fire suppression crew: Yes ☐ No ☐

Indicate the timeline and location:

Diploma or Degree in Resource Management or enrollment (not a requirement). Please state Program and graduation year:

Yes ☐ No ☐

Basic supervision experience or training (e.g. opportunities as acting Crew Leader or Provincial Crew Leader Training).

Yes ☐ No ☐

Please explain and give date and location:

Experience instructing and delivering training (not a requirement) (e.g. formal education training or experience instructing recognized courses)

Yes ☐ No ☐

Please explain and give date and location:

Panel Preferred Certification / Qualifications:

Valid Driver's License Class 5.

Yes ☐ No ☐

Successful completion of WFX-FIT Fitness Test in recent calendar year.

Yes ☐ No ☐

Danger Tree Assessor (DTA).

Yes ☐ No ☐

Hover Exit eligible (dressed weight of 220 lbs or less).

Yes ☐ No ☐

Level 1 First Aid and Transportation Endorsement.

Yes ☐ No ☐

Level 3 First Aid.

Yes ☐ No ☐

Certification as Single Resource Leader 1.

Yes ☐ No ☐

Completed Provincial Crew Leader Training.

Yes ☐ No ☐

Incident Commander certification.

- Select One -

BCWS Saw Training Level.

Qualified Faller Assessor

Experience with hands on coaching or instructional techniques (e.g. working with other firefighters on the fireline).

Yes ☐ No ☐

Provide example:

First available **start date** for the upcoming fire season:

End date for the upcoming fire season:

REFERENCES

Please provide the following information for **3** references that can accurately speak to your job performance in your most recent work positions. Wildfire related references are preferred if you have them.

Reference 1

Full Name	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Position/Company	<input type="text"/>

Reference 2

Full Name	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Position/Company	<input type="text"/>

Reference 3

Full Name	<input type="text"/>	Contact Number	<input type="text"/>
Email Address	<input type="text"/>	Position/Company	<input type="text"/>

IMPORTANT NOTE

Applicants are responsible for the accuracy of their Training Partner record as part of a complete and truthful application. Any errors or omissions in a Training Partner record that misrepresents an applicant's experience, certification or qualifications may be grounds for disqualification from the selection process.

If you are an out of service applicant (i.e. you do not work for the government of B.C.), please include an electronic training record from your employer that summarizes:

- your certifications (as per standard ICS terminology)
- your training courses
- your experience (days or hours) by ICS position

I hereby acknowledge that all the information contained in my application (this form and attached documents) is accurate

Signature