



# Application for On-Call Firefighter

## Pre-application checks

Thank you for applying to Avon Fire & Rescue Service. Making an application will require quite a lot of time and effort from you. Before starting the application please complete the pre-application checklists below; these will help you decide whether you are likely to enjoy working as an On-Call Firefighter and if you are eligible to apply (you are not required to submit these checklists with your application). Please also read the application guidance on our website.

Pre-application checklist 1		
Being a firefighter is challenging and can involve a number of situations not commonly found in other jobs.		
<b>Are you prepared to:</b>		
Work at height?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work in enclosed spaces?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work outdoors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get wet during your work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Get hot / cold whilst working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carry weighty equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work unsociable hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deal sensitively with people in difficult situations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Talk to people in the local community about fire safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked the grey box for any of the questions, we strongly suggest you think seriously about whether being a firefighter is right for you.

Pre-application checklist 2		
Please take a moment to answer the questions in this box. Please use the notes at the bottom of this page to help you in responding to each of these questions.		
Will you be aged 18 years or over at the commencement of training? (see note 1 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you eligible to work in the UK? (see note 2 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any unspent criminal convictions? (see note 3 below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have ticked any of the grey boxes and still wish to proceed with your application you are advised that the information you provide will be checked and as such contribute to our decision as to whether to take your application further.

**Note 1:** It is a requirement that you are aged 18 years or over at commencement of training. You may apply to be a Firefighter if you are aged 17 and nearing 18, as long as you are 18 years old once you commence training.  
**Note 2:** If you are unsure if this relates to you please contact the Recruitment Advisor.  
**Note 3:** Under the Rehabilitation of Offenders Act 1974 you are obliged to declare any unspent convictions or criminal proceedings pending as these may bar you from working as a Firefighter.

## Driving

The EC Drivers' Hours and Tachograph Rules for Goods Vehicles exist to ensure the health and safety of 'mobile workers' (see note 4) and drivers of 'in scope vehicles' (see note 5). The purpose of the Rules is to limit driving time and ensure proper break and rest periods are taken so that road traffic collisions are prevented. We are unable to accept an application from you if you are a mobile worker driving an in-scope vehicle, as application of the Rules will impact your ability to take appropriate rest periods and provide On-Call firefighter cover. Please consider the following in relation to your primary employment, and tick those which apply:

### Primary/secondary employment details in relation to driving:

- My primary/secondary employment is a full-time driver of a goods or passenger vehicle.
- My primary/secondary employment involves some driving for my employer of a goods or passenger vehicle.
- I am a self-employed driver.
- I am a 'mobile worker' as defined by the legislation, for example a member of a driving crew.
- I do not carry out any driving activities of goods vehicles as part of my primary/secondary employment.

### If applicable, the type of vehicle I drive is:

- In excess of 3.5 tonnes gross laden weight
- Less than 3.5 tonnes gross laden weight
- Carries more than eight passengers/more than nine seats
- Carries less than eight passengers

The information you provide in relation to driving duties in your primary employment will be checked and as such contribute to our decision as to whether to take your application further.

**Note 4:** Mobile workers include any driver or member of vehicle crew, including trainees or apprentices, who operate transport services for passengers or goods by road, for hire or reward or on its own account. For the purposes of this legislation, vehicle crew could include porters involved in household removals, draymen in brewery delivery movements, conductors, loaders, navigators or security.

**Note 5:** In-scope vehicles include Large Goods Vehicles (LGVs) with an overall weight over 3.5 tonnes, and Passenger Service Vehicles (PSVs) with more than nine seats or travelling more than 50 kilometres.

If you are unsure as to whether you drive an in scope vehicle, you should seek advice from the Vehicle and Operator Services Agency (VOSA).

## Important

**Fitness** - The role of On-Call Firefighter can be physically demanding, and any offer of employment will be subject to the successful completion of a medical assessment which will determine your fitness for the role. Details of the standards you are required to achieve can be found on our website along with general exercise guidance. Applicants should ensure they can meet the minimum standards of cardiovascular fitness and strength.

**Eyesight** – The medical assessment includes a sight test. If you have concerns regarding your eyesight or colour vision please contact your optician for advice prior to applying for this post.

**Hearing** - The medical assessment also includes a hearing test. If you have any concerns regarding your hearing please contact your GP for advice prior to applying for this post.



Office use only:			
Candidate:			
Station:			
Tracker:		Ack'd:	

## Application for On-Call Firefighter

Thank you for applying to Avon Fire & Rescue Service. Making an application will require a lot of time and effort from you, therefore, before starting your application please read the guidance provided on our website [www.yesyoucan.careers](http://www.yesyoucan.careers) Your application must be completed in block capitals. If you require this form in a different format, please contact the Recruitment Advisor.

### Personal details

<b>Surname:</b>	<b>Forename(s):</b>
<b>Address:</b> (inc post code)	<b>Home tel:</b>
	<b>Work tel:</b>
	<b>Mobile tel:</b>
	<b>National Insurance Number:</b>
<b>Email Address:</b>	
If you prefer to receive information by post please tick this box <input type="checkbox"/>	

### Qualifications

Include qualifications gained at School, College or University, and any training courses undertaken which you feel are relevant.			
Establishment	Qualification/Training	Grade/Level	Date
Are you able to evidence the above qualifications (for example original results/certificates)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Employment Details

Are you currently:    Employed     Unemployed     Self-employed

Current employment	
Job title:	Start date:
Employer:	
Work address:	
Tel:	
Will your employer allow you to leave work to attend incidents?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your employment require you to drive?	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*If you are offering to respond to your station from your place of work during working hours **your employer** is required to complete and sign the section below confirming they will release you in the event of an emergency.

Statement of employer – Confirmation of release	
I am aware that the employee named on this application has applied for the position of On-Call Firefighter and confirm that the employment information above is correct. If appointed, I have no objection to this employee responding to fire calls or any other incidents during working hours, although I make no undertaking that they will be released on every occasion.	
Signed:	Date:
Print name:	
Position in company:	
Tel:	

Past employment and experience				
Please give details of all positions held in the past two years (including work experience, part-time and holiday jobs). Start with the most recent and continue on separate sheet if necessary.				
Dates (mm/yy)		Employer	Job title, and main duties and responsibilities	Reason for leaving
From	To			

Fire and rescue service employment
Are you currently a serving firefighter or have you ever served as a firefighter in a UK fire and rescue service? If yes, please give details:
<input type="checkbox"/> No, <input type="checkbox"/> Yes in the past, <input type="checkbox"/> Yes currently:

## Station, distance and cover / availability

### Which station are you applying for?

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### Distance

It is a requirement of the role that you are able to respond to your local On-Call fire station within five minutes to enable you to meet Service response times, you therefore need to live and/ or work close enough to the station to do so.

What is the travel distance from **home** to Station? In miles:  In minutes:

What is the travel distance from **work** to Station? In miles:  In minutes:

### Cover / availability

What level cover you are able to provide?  **Full cover** (average 120 hours a week)  
 **Part cover** (average 84 hours a week)

Please provide below more detail of the cover you will be able to provide. You must indicate the days of the week you will be available to respond to your station, and at what times on each day. State your daily hours of availability using the 24 hour clock in column (a), and then total these hours in column (b). Do the same for the hours you will not be available in columns (c) and (d). Please also tell us in column (e) if you will be responding from home, your place of work, or both. You may give us details of any shift pattern you work at the bottom of this page.

#### Example:

	(a)	(b)	(c)	(d)	(e)
Day	Hours available to respond to station	Total hours available	Hours not available to respond to station	Total hours not available	Responding from home, work or both?
Monday	0500 to 1900	14	1900 to 0500	10	work

#### Your Cover:

Day	Hours available to respond to station	Total hours available	Hours not available to respond to station	Total hours not available	Responding from home, work or both?
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
	Total hours:		Total hours:		

If you work a shift pattern please detail your shifts here, or attach details separately:

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## Driving

To ensure compliance with the EC Drivers' Hours & Tachograph Rules for Goods Vehicles (Regulation 561/2006) it is necessary that you complete the information below. You will find further information about the Rules on our website. Please tick all boxes that apply and provide supporting detail where applicable.

<b>Primary/secondary employment details in relation to driving:</b>	
<input type="checkbox"/>	My primary/secondary employment is a full-time driver of a goods or passenger vehicle. Details:
<input type="checkbox"/>	My primary/secondary employment involves some driving for my employer of a goods or passenger vehicle. Details:
<input type="checkbox"/>	I am a self-employed driver. Details:
<input type="checkbox"/>	I am a 'mobile worker' as defined by the legislation, for example a member of a driving crew (see application guidance). Details:
<input type="checkbox"/>	I do not carry out any driving activities of goods vehicles as part of my primary/secondary employment. Details:

<b>If applicable, the type of vehicle I drive is:</b>	
<input type="checkbox"/>	In excess of 3.5 tonnes gross laden weight
<input type="checkbox"/>	Less than 3.5 tonnes gross laden weight
<input type="checkbox"/>	Carries more than eight passengers/more than nine seats
<input type="checkbox"/>	Carries less than eight passengers

By submitting this application you are confirming you have read and understood the information provided in the pre-application checks that accompany this form, and that you do not drive an 'in-scope vehicle'.

## Reference

Please provide the name and contact details of a person we can contact for a reference. For example this could be a teacher, community worker or employer, but if you have been in work or are currently employed your referee must be your current or most recent employer. Please do not use friends or relatives as a referee. If you are unable to provide a referee please contact the Recruitment Advisor.

Referee name:	Relationship to you:
Job title:	
Employer / company:	
Address (inc postcode):	
Telephone:	Email:

## Reasonable adjustments during selection

The Equality Act defines a person as having a disability if he or she “has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

Do you consider that you qualify for protection under the Equality Act? Yes  No

If yes, please contact our Recruitment Advisor to discuss in confidence the reasonable adjustments that can be put in place.

## Age at time of training

It is a requirement to be aged 18 years or over at commencement of training. You may apply to be a Firefighter if you are aged 17 and nearing 18, as long as you are 18 years old once you commence training.

Will you be aged 18 years or over at the commencement of training? Yes  No

## Eligibility to work in the UK

Are you eligible to work in the UK? Yes  No

If you are a Commonwealth Citizen or foreign national, is your stay in the UK free of restrictions? Yes  No

## Declaration of offences

You are required to declare any convictions for offences that are not spent under the Rehabilitation of Offenders Act 1974. Include offences dealt with by a court of law, HM Services disciplinary procedures **and any driving offences\*\***.

Are you currently subject to any criminal conviction which is not yet spent under the Rehabilitation of Offenders Act 1974? (give details below) Yes  No

Date of offence	Offence	Sentence (endorsement**)	Fine	Points**	Disqualification period**

Do you have any charges pending? Yes  No

If yes, give details below:

## How did you find out about the role of On-Call firefighter?

Please let us know how you found out about us, and what encouraged you to apply?

## Declaration

I hereby agree to Avon Fire & Rescue Service collecting, holding and processing the information that I provide on this form in accordance with the Data Protection Act.

I confirm that I have completed this application form and that to the best of my knowledge the information I have provided in it is true.

Signed:.....Date:.....

## Important notes:

- Your completed application must be returned via email to: [recruitment@avonfire.gov.uk](mailto:recruitment@avonfire.gov.uk) or via post to: **Recruitment Advisor, Human Resources, Avon Fire & Rescue Service, Police & Fire Headquarters, PO Box 37, Valley Road, Portishead, Bristol BS20 8JJ.**
- Read through your completed application form carefully to ensure you have not missed anything out and that it is clearly and accurately presented. The decision to progress your application will be based on the information you give us on this form and the information received following an initial interview with the managers at your local station.
- If after reading the application form you have any questions, please contact the Recruitment Advisor.
- It is a requirement of the role of On-Call firefighter that you are able to respond to your local On-Call fire station within five minutes to enable the Service to meet response times, you therefore need to live and/or work close enough to the station to do so.
- It is important that you are as detailed as possible when completing the 'cover/ availability' section of this application as this information is vital when deciding to bring you forward for selection.
- Contact with you will primarily be via email therefore please provide your email address as clearly as possible, and regularly check your inbox.
- It is important that you notify us immediately should the information you provide on this form change following submission, as this might affect your application.

## Manager's comments:



## Equal opportunities monitoring information form

Avon Fire & Rescue Service is an equal opportunities employer and is determined to ensure:

- The workforce reflects the diverse society which it serves and that the working environment is free from any form of harassment, intimidation, bullying or victimisation.
- All job applicants and employees will be treated fairly and will not be discriminated against on the grounds of gender, sexual orientation, age, marital status, race, colour, nationality, ethnic or national origins, creed, religion or disability.
- No job applicant or employee is disadvantaged by conditions or requirements which cannot be justified by the requirements of the job.

The information on this form is for monitoring purposes only and will not be made available to those assessing your application. The information supplied will be treated in the strictest confidence and will not affect your job application in any way. Completion of this section of the application form is voluntary, but the information will help us to ensure equality of opportunity. This information forms no part of the recruitment process. It will be detached from your application on receipt.

### Gender

Male     Female

### Ethnic origin

#### White:

- British  
 Irish  
 Any other background

#### Black and Black British:

- Caribbean  
 African  
 Any other black background

#### Mixed:

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed background

#### Asian or Asian British:

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background

#### Chinese or other ethnic group:

- Chinese  
 Other

Prefer not to specify

### Disability

Disability is defined as 'a medical or physical impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'.

Do you have a disability?    Yes     No

### Sexual orientation

- Bisexual                       Gay / Lesbian  
 Heterosexual                   Prefer not to say

### Religious Faith or Belief

- Buddhist                       Christian                       Other  
 Hindu                             Jewish                         Prefer not to say  
 Muslim                          Sikh