



CAREER FIRE FIGHTER RECRUITMENT

Application for Employment:
Career Firefighter

And

Medical Clearance to Participate
in Recruitment Process

PLEASE STAPLE APPLICATION FORM AND ALL SUPPORTING DOCUMENTS TOGETHER

Application for Employment: Career Firefighter	Office use only	
	Applicant Number	

NFA is an equal opportunity employer and encourages applications from all sections of the community. Complete the form in blue or black pen and write clearly in capital letters.

Section 1 – Personal Details

Surname: First name:.....

Middle Name (s).....Date of Birth:.....

Telephone (Home):.....Mobile:.....

Postal Address:.....

Email:.....

Please staple a recent, color full size photograph in the top right corner of this page – photograph for identification purposes only.

Please tick the appropriate box (Yes or No) for the following questions. Supply copies of supporting documentation as requested.

Are you prepared to be located at any NFA Station in Fiji? Yes ☐ No ☐

Are you a Fiji citizen or permanent resident?
(Provide proof – legible copy of birth certificate) Yes ☐ No ☐

Do you have a Group 2 driver's license? Yes ☐ No ☐

Do you have a Group 6 license? Yes ☐ No ☐

Are you a NFA Volunteer? Yes ☐ No ☐

If yes, station/Years of service:

Do you have more than 12 months experience as an NFA permanent employee? Yes ☐ No ☐

If yes, Location/Position/ Years of service:

Do you possess a current Basic First Aid certificate? Yes ☐ No ☐

PLEASE STAPLE APPLICATION FORM AND ALL SUPPORTING DOCUMENTATION TOGETHER

Do you currently participate in sporting or physical activities? Yes ☐ No: ☐

If yes, please state nature of activity or training.....

Have you been, or are you currently involved in any community related activities – non NFA volunteer – groups or coaching roles? Yes ☐ No: ☐

If yes, please state nature of your involvement.....

Section 2 – Employment Details

Have you worked in other emergency or rescue services/defense forces/ police? Yes ☐ No: ☐

If yes, please state nature of organization, your role and years of service

Have you any previous shift work experience Yes ☐ No ☐

If yes, please state the nature of the shift work.....

.....

Have you any previous history working in adverse environments/conditions e.g. heat, confined spaces, heights, wearing breathing apparatus? Yes ☐ No ☐

If yes, please state the nature of this work

.....

Have you any experience working as part of a team or crew? Yes ☐ No ☐

If yes, please state nature of experience.....

.....

Please list your current employment first and 2 previous employers including if self employed.

Employer Details	Your Job	Employed from-to	Reason for leaving

Section 3 – Referee Information

Please provide the names of a minimum of 2 work-based referees. Immediate Manager/Supervisor preferred.

Name	Name of Organisation	Contact Details	Relationship to applicant

NFA volunteers with at least 12 months service can include the completion of the NFA reference as one of the 2 required referees.

Name	Rank	NFA Contact Details	Relationship to applicant

Police Check (To be completed only when you are appointed)

Due to the nature of this role a national police check is mandatory. It is advisable for Applicants with a prior criminal offence history or any pending charges to contact the NFA Human Resources Officer before commencing the exhaustive recruitment process. All discussions will be held in confidence and may assist in avoiding disappointment if an issue is discovered at the end of the process.

Supplementary Information

NFA is committed to providing a safe working environment for all employees. NFA must also ensure that employees are capable of performing their duties in a safe manner. The position description provides you with information about the position and the duties and tasks involved. Any issue or medical condition that might affect your ability to perform these duties or that might affect your safety or compromise the safety of others should be discussed with the Career Recruitment Consultant early in the recruitment process. In some cases the applicant may be referred to the NFA medical practitioner for further advice. Examples of issues that might require follow up, visual impairment, color vision deficiency, allergies, asthma etc.

Section 4 – Declaration of Understanding and Checklist

I understand the following:

- Providing false or misleading information may result in a determination resulting in disqualification from the Application Process or that I am considered unsuitable for employment with the NFA;
- Appointments will be made on the merit of each application in competition with all others;
- It is entirely my responsibility to familiarize myself with the conditions of employment for the position;
- If successful, I agree to obtain a Group 6 Driver's License.

- If I am currently a NFA Volunteer firefighter I agree that NFA station feedback will be sought as part of my application;
- I must be prepared to authorize a Police Criminal Record Check;
- I understand that prior to being appointed as a Recruit Firefighter I must successfully complete a pre-medical by a Medical Practitioner nominated by the NFA.
- In the event that I am successfully appointed as a Recruit Firefighter, I understand that I may be deployed to any NFA fire station in Fiji.
- I understand that all candidates participating in the recruitment assessment activities will be required to use the standardized personal protective equipment and materials nominated by NFA.

Privacy Statement

NFA uses the information on this form to assist the recruitment team to manage your recruitment application. The collection and storage of the information you provide is protected under the relevant laws of Fiji.

During the recruitment process only NFA members involved in the recruitment process will have access to your information. After management has concluded the information is no longer required it will be kept with NFA. Successful applications will then be stored in personnel files and will only be accessed by HR or Operational Management when required. You have a right to access the information contained in this, subject to some exceptions allowed by law. If you would like to do so, or have question in relation to this statement, please contact the Human Resources Department, on 3312877.

You will be required to supply the names and telephone numbers of two referees whom NFA can contact in relation to this application. It is your responsibility to ensure that you have told the referees that you are disclosing their names and telephone numbers. Failure to contact your referees may disqualify you as a potential recruit.

I have submitted with the Application Form, legible copies of the following documents (please tick on inclusion):

- ☐ An application letter
- ☐ A recent, full length color photograph of myself
- ☐ Driver's License – legible copy of Group 2 License and Group 6 if applicable
- ☐ Birth Certificate (legible copy)
- ☐ Resume or CV
- ☐ "Clearance to participate in the recruitment process" Medical Form A

DO NOT SUBMIT THIS APPLICATION FORM WITHOUT THE ABOVE DOCUMENTS

I agree and understand that I am submitting this application with copies of my certificates and relevant documents and that it does not mean I will be considered for the current advertised vacancies.

I agree and understand that if I am not successful, these documents will not be returned to me and will be kept by the NFA.

I agree and understand that if I do not provide a complete Application Form plus all of the above-mentioned documents my application will not be considered.

Signature of Applicant:Date:

By mail:

Vacancy: Career Firefighter
The Chief Executive Officer
National Fire Authority
P.O. Box 207
SUVA

Please staple the Application pages and ensure accompanying documents are properly attached together.

PART A To be completed by applicant.

Instructions for Completion

To maintain a high standard of care and safety we require applicants to sign and return Part A of this form with your Application for Employment Form. Applicants should present Part B on the day of your nominated attendance at the Application Session or relevant recruitment stage after you have had a registered Medical Doctor complete and sign on examination.

Failure to submit a signed both part A by the required timeline will void the application.

Please print

Surname: First name:.....

Middle Name (s):

Address:

Telephone (Home): Mobile:

Declaration

I agree that this medical examination is required for the purposes of applying for a role:

- As an NFA career firefighter and that the information is gathered and held confidentially.
- I authorize the medical practitioner to release information concerning my medical history for the purposes of applying to NFA for the role of career firefighter.
- I have read this form and advise that undertaking strenuous activities while wearing protective equipment during the recruitment process would not put me at risk if I had/have any of the medical conditions described in part B of this form.
- I undertake to inform the Activity Instructor or Recruitment Coordinator if I had/have any of the medical conditions described in the Part B form or if at any stage during the training I become anxious or distressed in regard to the tasks to be undertaken.
- I understand that failure to sign and provide information required on part A & B of this form will exclude me from participating in the physical activity requirements of the recruit application process.
- I understand that I will be required to use NFA approved personal protective clothing and equipment during simulated operational activities.

Signature: Date:

Medical Clearance to Participate M-1 (To be completed only when you have been shortlisted)

PART B To be completed by medical doctor.

Please print full name of applicant:.....

Introduction

The "Clearance form" is a requirement for the application process of a career firefighter with National Fire Authority (NFA). An important criterion for selection is physical fitness and physical ability. During the recruitment process, which will occur over the next few months, applicants are required to demonstrate their physical ability and may undertake physical exertion up to maximum levels. It is therefore necessary for applicants to have received medical approval prior to participating in the process. This Medical Clearance report is only valid for a period of two (2) months from the time of examination; if there is any change to the applicant's health status or if the applicant suffers an injury in the interim the applicant must notify NFA. This is not a pre employment medical but rather an endorsement that the participant does not have any medical or health condition that may put themselves or others at risk by participating in the activities. (Description on back of this form)

For further clarification on any of the above details contact Human Resources Department on 3312877 or fax 3100303.

Please answer YES or NO to ALL of the questions

To the best of my knowledge, the above named person is fit to participate in the following activities:

Activity	Yes/No	Activity	Yes/No
A multi stage shuttle run or beep test		A 7 meter confined space tunnel crawl	
Haul a 20 litres container up to two stories by rope		A hose hold and drag (max 2 x 60 seconds)	
Drag a 70 kilogram dummy 60 meters		A beam walk (25 cm from ground)	
A swim test		A maximum 8 meter ladder climb	
Condition	Yes/No	Condition	Yes/No
Any on-going medical condition		A history of heart disease or high blood pressure	
Any current medical treatment or medication		A history of altered cardiac rhythm	
A history of fits, faints or blackouts		A history of psychological or psychiatric illness including phobias (e.g vertigo, claustrophobia)	
A history of fits, faints or blackouts		A history of colour vision deficiency	
A history of respiratory disease including asthma		Any other medical problem that may affect the performance of the above listed	

Does the applicant have any medical conditions that will affect their ability to perform the activities listed, or incur greater injury to pre-existing conditions?

Condition Yes/No

No Condition Yes/No

Medical Doctor's declaration

I have examined (please print full name) today and have found that he/she is physically capable / incapable (please circle response) of undertaking the activities outlined above as part of the recruitment process for a NFA recruit career firefighter.

I understand that if the applicant is successful the NFA Medical Officer will medically examine him/her in order to further ascertain suitability for the role.

Additional Comments (if any, please do not include confidential medical details):

.....
.....

Doctor's Signature:Date:

Doctor's Name: (please print name)

Name and Address of Clinical Centre:

.....

STAMP