



CORNWALL
FIRE & RESCUE SERVICE
A service of Cornwall Council

Application Form (Confidential)

On-Call Firefighter

Application to join _____ Community Fire Station

Please call 01872 323800 if you need this application form in a different format. If you have any questions on how to complete this application form, we politely ask that if possible you visit the frequently asked questions section on our website (www.cornwall.gov.uk/firecareers) in the first instance.

Thank you for expressing an interest in applying to Cornwall Fire and Rescue Service. Before starting the application please complete the two pre-application checklists below. These will help you decide whether you are likely to enjoy working as a Firefighter and whether you are eligible to apply.

The Firefighter Application Form is made up of the following sections:

- Section 1 – Personal Details – this information will not be used as part of the selection process. It is for monitoring purposes only;
- Section 2 – Employment History and Current Employment Details;
- Section 3 – Level of Availability Offered and Driving Licence Details;
- Section 4 – References;
- Section 5 – Our Values;
- Section 6 – Declaration;
- Equal Opportunities Monitoring Information – this information will not be used as part of the selection process. It is for monitoring purposes only.

In order for your application to be considered you must ensure that each section is completed.

Please remember:

- 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 invite you to the next stage will be based on the information you give us on this form and the information received following an Initial Interview with the Officer-in-Charge.
- Failure to provide accurate and complete information may result in your application being rejected.
- If, after reading through the recruitment material, you have any remaining questions, please feel free to call us on the number above.

Pre-Application Checklist 1

Being a Firefighter is challenging and can involve a number of situations not commonly found in other jobs. Before completing this application form, take a moment to answer these questions.

Are you prepared to...?		
Please choose the correct answer for the following statements as appropriate by clicking in the box next to the correct answer.		
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 heavy equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work unsociable hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work in situations where you may see blood, seriously injured, or dead people?	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 'No' for any of the questions, we strongly suggest you think seriously about whether being a Firefighter is right for you. Should you wish to continue with an application, move onto Pre-Application Checklist 2.

Pre-Application Checklist 2

Before completing this application form 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.

Please choose the correct answer for the following statements as appropriate by clicking in the box next to the correct answer.		
Are you over 17 years and six months of age? (see Note 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you eligible to work in the UK? (see Note 2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any kind of colour blindness? (see Note 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any kind of hearing impairment? (see Note 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any disability that reduces your ability to grip, hold or lift objects, or to lift or lower yourself? (see Note 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever suffered from dizziness, fainting, blackouts or fits? (see Note 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any unspent criminal convictions? (see Note 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made any other applications to be a Firefighter? (see Note 5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you commit to practice and actively promote the Fire & Rescue Service Core Values? (see page 17)	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.

Notes:

Note 1: 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 between 17 years 6 months and 18 years old as long as you are 18 years old once you commence training.

Note 2: For further information on eligibility to work in the UK, please visit the UK Border Agency Website (www.ukba.homeoffice.gov.uk).

Note 3: Fire and Rescue Authorities are required to assess each applicant on an individual basis with regard to their suitability to perform the role of a Firefighter, in accordance with Equality Act (2010). This means that Fire and Rescue Authorities will consider what reasonable adjustments could be made to enable you to proceed with your application provided any such adjustments do not contravene Health and Safety legislation. Health & Safety legislation places the obligation on Fire and Rescue Authorities to ensure that individuals are safe at work for their own protection and that of others. (In the context of the Fire and Rescue Service "others" includes colleagues and members of the public). Applicants will be required to provide/obtain any evidence necessary to enable the Fire and Rescue Authority to make informed decisions as to what reasonable adjustments could be made.

Note 4: Applicants are required to undertake a Basic Disclosure criminal record check which shows unspent convictions (as defined by the Rehabilitation of Offenders Act 1974). A disclosure may not bar you from employment as a firefighter as all disclosures are risk assessed to ensure suitability for the role.

Note 5: If you are applying for a position as a On-call Firefighter and you have an application to be a Wholetime Firefighter currently under consideration with another Fire and Rescue Authority please contact RA on 01872 322784

Section 1 – Personal Details

About You			
Title:		Surname:	
First name(s):			
Home address:		Home phone:	
		Work phone:	
		Mobile:	
Postcode:		Email:	
National Insurance Number:		(You can get this from the Department of Work and Pensions)	
Date of birth:		Age (See Note 1):	
Note 1: We collect date of birth and age information to verify that you satisfy the minimum age criteria of being 18 or over at commencement of training and to create a unique candidate number.			

Eligibility to work in the UK	
Are you eligible to work in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a foreign national, is your stay in the UK free of restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details:	
Note 2: For further information on eligibility to work in the UK, please visit the UK Border Agency Website (www.ukba.homeoffice.gov.uk).	

Reasonable Adjustments during Selection		
The Equality Act (2010) 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”. Wherever possible and reasonable we will make adjustments to enable a person with a disability full access the assessment tools.		
Do you consider that you qualify for protection under the Equality Act (2010)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details of any reasonable adjustments that we may be able to make to allow you full access to the selection process:		
If yes, are you happy for us to contact you to make sure we have made appropriate arrangements for you during the selection process (see Note 3).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note 3: Fire and Rescue Authorities are required to assess each applicant on an individual basis with regard to their suitability to perform the role of a Firefighter, in accordance with the Equality Act (2010). This means that Fire and Rescue Authorities will consider what reasonable adjustments could be made to enable you to proceed with your application provided any such adjustments do not contravene Health and Safety legislation. Health & Safety legislation places the obligation on Fire and Rescue Authorities to ensure that individuals are safe at work for their own protection and that of others. (In the context of the Fire and Rescue Service "others" includes colleagues and members of the public). Applicants will be required to provide/obtain any evidence necessary to enable the Fire and Rescue Authority to make informed decisions as to what reasonable adjustments could be made.		

Fire Service Employment			
Are you currently a serving Firefighter or have you ever served as a Firefighter in a UK Fire and Rescue Service? Yes <input type="checkbox"/> Yes, in the past <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please state which Fire and Rescue Service and duty system:		Duty system: On-Call <input type="checkbox"/> Wholetime <input type="checkbox"/>	
If yes, please state dates of employment:		From:	To:
If no, have you previously applied to be a Firefighter or do you have any other applications currently underway?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered 'Yes' please provide full details of which Fire and Rescue Service, the dates and whether your application was successful or unsuccessful. We are unable to accept your application form if you have an application to be a Firefighter currently under consideration (see Note 1):			
<p>Note 1: You are not eligible to apply if you have an application to be a Wholetime Firefighter currently under consideration with any other Fire and Rescue Service or you have previously applied within the last 3 months. However, if you notify us that you are prepared to withdraw any other applications that you may have pending with any other Fire and Rescue Service your application will be processed. Please state this above.</p>			

Declaration of criminal convictions	
Do you have any unspent convictions (as defined by the Rehabilitation of Offenders Act 1974), cautions, reprimands or warnings or do you have any charges pending?	
If yes, please provide details:	
Have you ever been barred or restricted from working with children or vulnerable Adults?	
I accept that if any of the information is found to be false or misleading I will be disqualified from appointment.	
Signature:	Date:

Section 2 – Employment Details

Employment details		
Are you currently:		
Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Self Employed <input type="checkbox"/>

Your current employment			
Note: If you are currently working for Cornwall Council through an agency, please ensure you also provide the name of the agency under "Employer's name and address". If you are applying for your first job, please provide any voluntary work/work experience in the "Previous employment or experience" section.			
Employer name:		Job title:	
Employer address:		Salary:	
		Start date:	
		Leave date: (if applicable)	
Reason for leaving:			
Main duties and responsibilities:			

Previous employment or experience				
Start with the most recent first and work backwards. You must explain any gaps in your work history since you left education (e.g. unemployment; career breaks; voluntary work; travel etc).				
Dates (mm/yy)		Employer or Reason for gap	Job title, duties and responsibilities	Reason for leaving
From	To			
Note: The Working Hours Directive Requires That Employees Do Not Work More Than 48 Hours Per Week And Have Sufficient Rest Periods. You Must Complete The Attached Form – Driving – Primary Employment.				

Section 3 – Level of availability offered and driving licence details

Details of your driving licence	
Do you hold a current driving licence for a car?	Yes/No
If yes, what kind of licence do you hold?	Provisional/Full
Driving licence number:	
Do you hold a current driving licence for an LGV?	Yes/No
Is this a full LGV licence?	Yes/No
Driving licence number:	
Do you have any endorsements on your licence?	Yes/No
If Yes please give full details:	
Note: You must enclose a copy of both parts of your licence with this application.	

Availability offered	
An important aspect of selection is the availability you are able to offer. We need to agree that your proposed hours of availability are suitable and sufficient; it will also form part of any contract of employment you are offered. There are two categories of availability. Please indicate which category you can offer. <i>If you need to obtain further information on availability please do not hesitate to contact us on 01872 323800 and arrangements will be made for an Officer to discuss this with you or you can attend the station to discuss this with the Officer-in-Charge.</i>	
Full Availability = 24 hours cover 7 days a week (averaging 120 hours per week)	<input type="checkbox"/>
Limited Availability = Less than "Full Availability" (96 hours per week)	<input type="checkbox"/>

Applicants responding from place of work	
Are you able to respond to calls from your place of work?	Yes/No
If Yes, what are your normal working hours and working pattern?	
What is the distance from your work place to the community fire station?	kilometres
What transport will you use to reach the community fire station?	
Estimate how long it would take you to reach the community fire station?	minutes
Note: If your employer agrees to you responding from work during your working hours they must provide a letter on headed notepaper to confirm their agreement. <i>Arrangements can be made for an Officer to discuss the implications with your Employer. If this is required please contact us on 01872 323800 to arrange.</i>	

Applicants responding out of working hours	
What is the distance from your home to the community fire station?	kilometres
What transport will you use to reach the community fire station?	
Estimate how long it would take you to reach the community fire station	minutes

Section 4 – Referees

Please provide 2 references. **Do not use friends or relatives.** If any of your previous roles (voluntary or paid) involved working with children, young people and/or vulnerable adults, we will ask for information about past disciplinary issues relating to these vulnerable groups (including any in which the time penalty is 'time expired') and whether you have been subject to any child/vulnerable adult protection concerns and the outcome of any enquiry or disciplinary procedure. If you have any concerns, please call 01872 323800.

References			
Reference 1: This must be your current or most recent employer or, if you do not have any previous employment, your most recent tutor (school, college or university).		Reference 2: If you have worked with children, young people or vulnerable adults in the past, but are not currently; this must be the most recent employer by whom you were employed to work with these vulnerable groups. Otherwise, a reference of your choice.	
Full name:		Full name:	
Job title:		Job title:	
Employer:		Employer:	
Address:		Address:	
Postcode:		Postcode:	
Email:		Email:	
Telephone number:		Telephone number:	
Relationship to you:		Relationship to you:	
Did this role involve working with children, young people and/or vulnerable adults?	Yes/No	Did this role involve working with children, young people and/or vulnerable adults?	Yes/No

Section 5 – Our Values

We value...

- **Service to the community**
- **People**
- **Diversity**
- **Improvement**

SERVICE TO THE COMMUNITY

We value service to the community by...

- Working with all groups to reduce risk
- Treating everyone fairly and with respect
- Being answerable to those we serve
- Striving for excellence in all we do

PEOPLE

We value all our employees by practising and promoting...

- Fairness and respect
- Recognition of merit
- Honesty, integrity and mutual trust
- Personal development
- Co-operative and inclusive working

DIVERSITY

We value diversity in the service and the community by...

- Treating everyone fairly and with respect
- Providing varying solutions for different needs and expectations
- Promoting equal opportunities in employment and progression within the service
- Challenging prejudice and discrimination

IMPROVEMENT

We value improvement at all levels of the service by...

- Accepting responsibility for our performance
- Being open-minded
- Considering criticism thoughtfully
- Learning from our experience
- Consulting others

I have read and understood the Fire and Rescue Service Core Values and will commit to practice and actively promote them. Yes No

Name (printed):

Date:

Signed (only applicable if invited interview): _____

Date signed (only applicable if invited interview): _____

Section 6 – Declaration

Data Protection Act

Cornwall Fire and Rescue Service are registered under the Data Protection Act (1988) to hold some information about employees and applicants on computer systems. This data is primarily for salaries, pension administration, selection, monitoring and statutory reporting purposes. This information will not be passed to a third party without your prior consent.

Declaration

To the best of my knowledge, the information I have supplied on this form is correct. I understand that giving false information or omitting relevant information could disqualify my application and, if I am appointed, could lead to my dismissal. I am willing for this data to be held and processed by Cornwall Fire and Rescue Service under Data Protection legislation and to Cornwall Fire and Rescue Service verifying the information given with relevant third parties.

Name (printed):

Date:

Signed (only applicable if invited interview): _____

Date signed (only applicable if invited interview): _____

Please note: Approaching any elected councillor or employee of a Fire and Rescue Service directly or indirectly to promote this application or providing false/misleading information in this form shall disqualify you from appointment or if appointed may render you liable to disciplinary action, which could lead to your dismissal.

Section 7 – Driving Hour Form (On-Call Duty System)

Please tick all boxes that apply:

1. Primary Employment Details in Relation to Driving

My primary employment is a full time driver of a goods or passenger vehicle
Details: e.g. hours, frequency etc _____

My primary employment involves some driving for my employer of a goods or passenger vehicle
Details: e.g. hours, frequency etc _____

I am a self-employed driver
Details: e.g. hours, frequency etc _____

I am a mobile worker as defined by the legislation
(A mobile worker is any Worker (whether driving or not) forming part of the travelling staff, including trainees and apprentices who are in the service of an undertaking which operates transport service for passengers or goods by road for hire or reward or on its own account)
Details: e.g. hours, frequency etc _____

I do not do any driving activities of goods vehicles as part of my primary employment

The legislation referred to does not apply to me in any capacity

2. The type of vehicle I drive is:

(a) in excess of 3.5 tonnes

(b) less than 3.5 tonnes

(c) carries more than 9 passengers

(d) carries less than 9 passengers

I have read and fully understand the duty on me to comply at all times with the relevant legislation on drivers' hours and rest breaks.

I confirm that the above details are correct at the time of completion and any changes in my primary employment that involves driving or mobile working encompassed by these or future Regulations will be immediately notified to the Human Resources Section and my Line Manager.

I understand that any changes in my primary employment or duties undertaken in relation to driving (including being a mobile worker) will need to be considered by Cornwall Fire and Rescue Service in relation to my contract of employment on the Retained Duty System.

I will keep my primary employer(s) informed of the hours of performed work for Cornwall Fire and Rescue Service to ensure I maintain Health and Safety obligations.

Availability declared is correct and doesn't overlap with or have an impact on any rest period required by law.

I note that once this declaration has been signed and if employment is offered and accepted, that this declaration will be forwarded to my Primary Employer(s).

Name (printed): _____

Date: _____

Signed: _____ Date signed: _____

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We are committed to provide equality of opportunity to both our employees and applicants. Please help us to ensure your application is treated fairly and equally by completing the equal opportunities section overleaf.

Section 8 – Equal Opportunities Monitoring Information Form

The Service takes its duty to promote equality and to celebrate diversity in our community very seriously. It is keen to gather and use information about the community it serves to continually improve the quality of services. **If you do not wish to answer any questions, please leave them blank.**

AGE

What age are you?

16 or under <input type="checkbox"/>	17-24 <input type="checkbox"/>	25-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	66 and over <input type="checkbox"/>
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GENDER

What is your gender?

Female <input type="checkbox"/>	Male <input type="checkbox"/>
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ETHNICITY

What is your ethnic group?

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background. Note that the list is in *alphabetical* order. Please identify which main group you feel reflects your ethnic group and then make a choice from the selection listed below the main heading.

Asian or Asian British:

Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Indian <input type="checkbox"/>	Any other Asian background (<i>please write in space provided</i>): <input type="checkbox"/>

Black or Black British:

African <input type="checkbox"/>	Any other Black background (<i>please write in space provided</i>): <input type="checkbox"/>
Caribbean <input type="checkbox"/>	

Chinese or Other Ethnic Group:

Chinese <input type="checkbox"/>	Any other Ethnic group (<i>please write in space provided</i>): <input type="checkbox"/>
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Mixed:

White and Asian <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
White and Black African <input type="checkbox"/>	Any other Mixed background (<i>please write in space provided</i>): <input type="checkbox"/>

White:

British <input type="checkbox"/>	Any other White background (<i>please write in space provided</i>): <input type="checkbox"/>
Irish <input type="checkbox"/>	

DISABILITY

The Equality Act (2010) 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”.

(i) Do you consider that you have a disability and qualify for protection under Equality Act (2010)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) If the answer is “yes”, it would help us to know any barriers you face when dealing with us. Please use this space to make suggestions.		

RELIGION OR BELIEF

What, if any, is your religion or belief? *(Please choose one selection from the list below).*

Buddhist <input type="checkbox"/>	Muslim <input type="checkbox"/>
Christian (include all Christian Denominations) <input type="checkbox"/>	Sikh <input type="checkbox"/>
Hindu <input type="checkbox"/>	Any other religion or belief <i>(please write in space provided):</i> <input type="checkbox"/>
Jewish <input type="checkbox"/>	No religion or belief <input type="checkbox"/>

SEXUAL ORIENTATION

What is your sexual orientation?

Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>
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OTHER INFORMATION

Is there any other information you would like to tell us about your identity? *(Please write in the space provided):*