



Auxiliary Employee Transition Program (AETP) Application Form

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Email: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Current Employment Status

Current Job Title (if auxiliary on recall, please indicate last job title) : _____

Current work location (if auxiliary on recall, please indicate last job location): _____

How many months have you worked as an auxiliary? : _____

Suitability for the AETP

Would you like to be considered for all locations/positions being offered?

Yes No

If no, which locations/positions would you like to be considered for (see [website](#) for list of locations/positions) Please list in order of preference:

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever had a previous auxiliary work term with FLNR outside of BCWS?

Yes No

If yes, what/when was the auxiliary work term?

Are you willing to commit to training and development opportunities during the AETP work term?

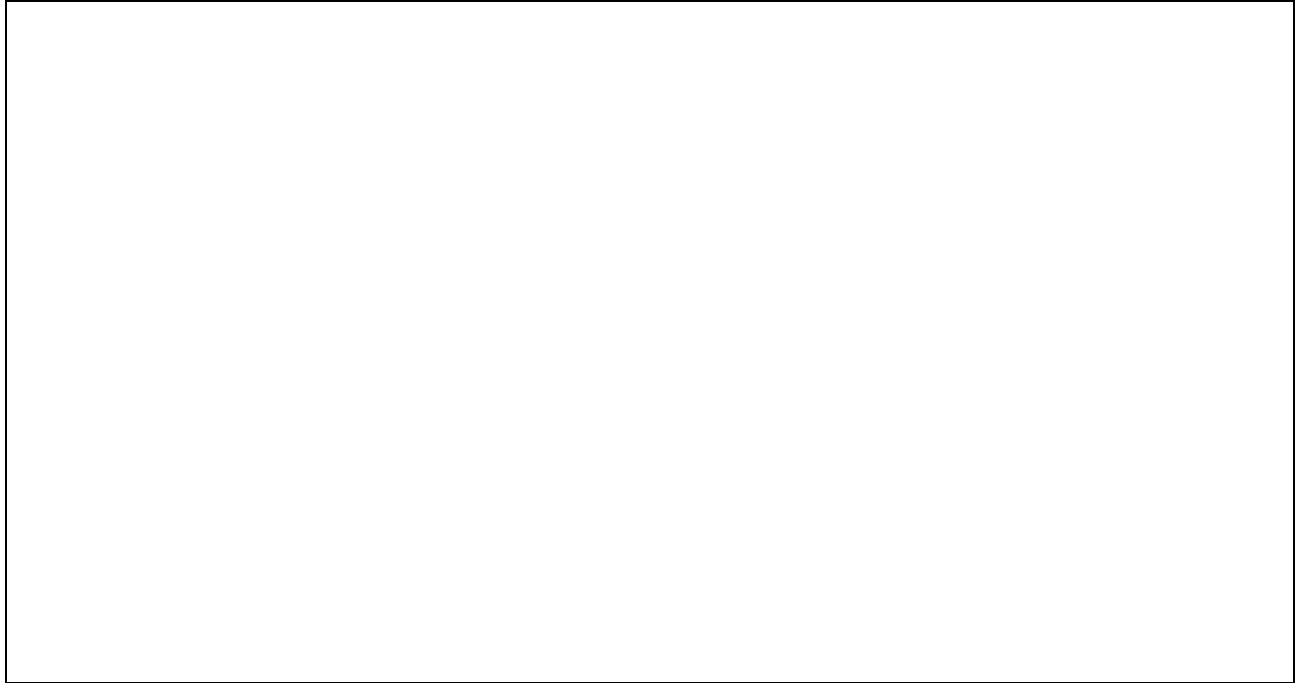
Yes No

Questions for the Applicant

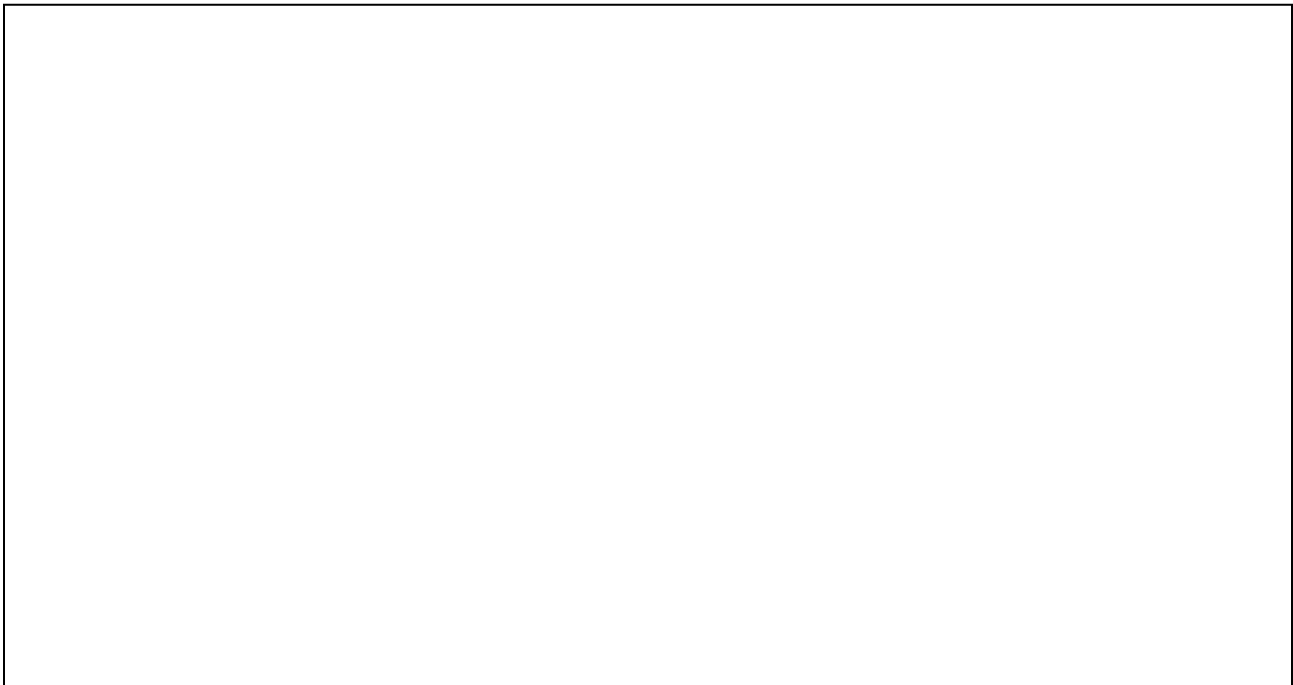
In the space provided, please answer the following questions:

1. What makes you a strong candidate for the opportunity you are applying for?

2. Describe how this AETP opportunity will contribute to your career development.



3. Describe a situation in which good judgement and strong reasoning skills allowed you to solve a problem independently.



Questions for the Applicant's Supervisor

In the space provided, please answer the following questions:

1. What are the applicant's greatest strengths?

2. If this applicant is successful in obtaining an AETP opportunity, what will be their greatest opportunity for development during the term?

3. Please complete the following sentence: I am supporting this application to the AETP for the following reasons...

References

Please provide two additional references who can support your AETP application.

1. Name: _____
Last *First*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____ No. of years known: _____

2. Name: _____
Last *First*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____ No. of years known: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

_____/_____
Applicant Signature **Please Print Name** **Date**

Signature of Supervisor and Fire Centre Manager indicates support of this AETP application.

_____/_____
Supervisor Signature **Please Print Name** **Date**

_____/_____
Fire Centre Manager **Please Print Name** **Date**

Submitting your Application

Your completed application package and resume can be submitted electronically to Kimberly.Rosche@gov.bc.ca or via mail to the address below (envelope must be postmarked no later than June 30, 2016).

Auxiliary Employee Transition Program
Integrated Resource Operations Division
Ministry of Forests, Lands and Natural Resource Operations
PO Box 9352 Stn Prov Govt
Victoria, BC V8W 9M1

If you have any questions about the AETP, the opportunities being offered, or need assistance completing your application please contact either:

Tania Hogan
AETP Program Manager
Tania.Hogan@gov.bc.ca
250-387-1780

Kimberly Rosche
AETP Program Assistant
Kimberly.Rosche@gov.bc.ca
250-387-1526