



Auxiliary Employee Transition Program (AETP) Application Form

Applicant Information

Full Name: _____
Last First Middle Initial

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

How many months/years have you worked as an auxiliary? _____

Have you successfully completed an AETP placement in the past 12 months? YES NO *Note: If you indicate yes, for this year only, you will not be considered for an AETP opportunity.*

Are you seeking a duration for a placement other than the duration noted? If yes, how long?

**Placements are for the duration noted for the position. However, we will inquire into the flexibility of the duration for a placement, at an applicant's request.*

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?

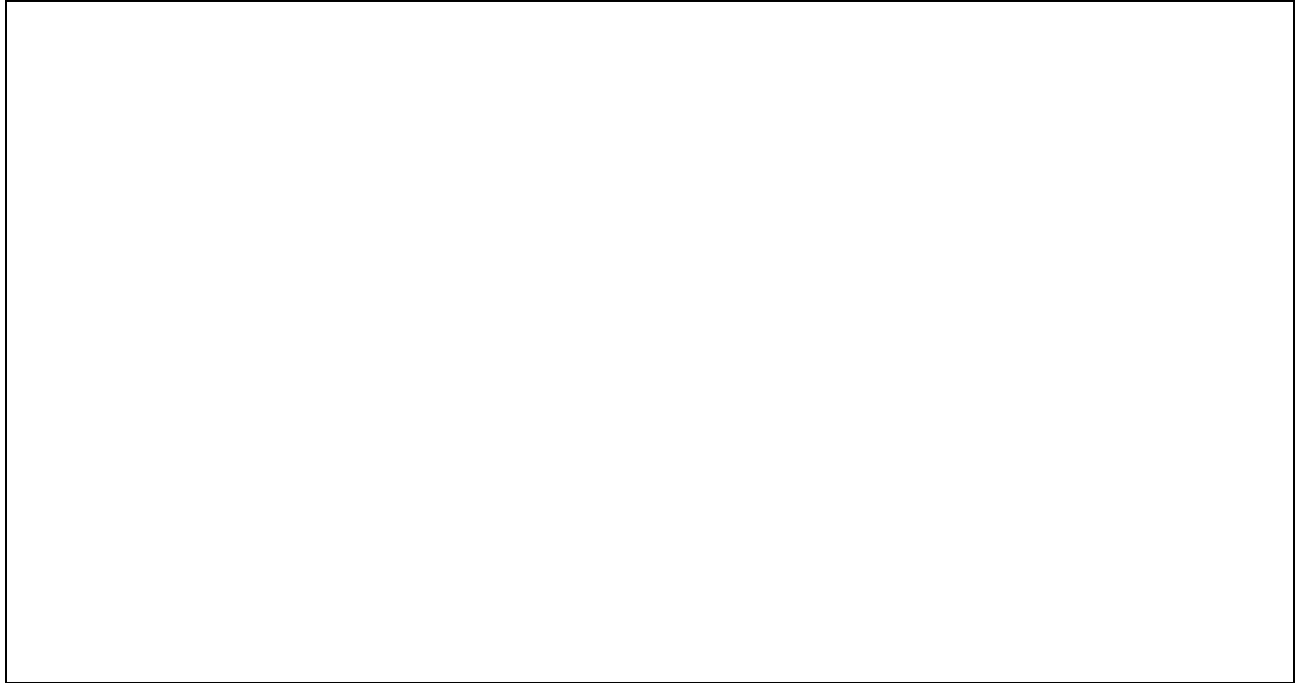
Yes No

Questions for the Applicant

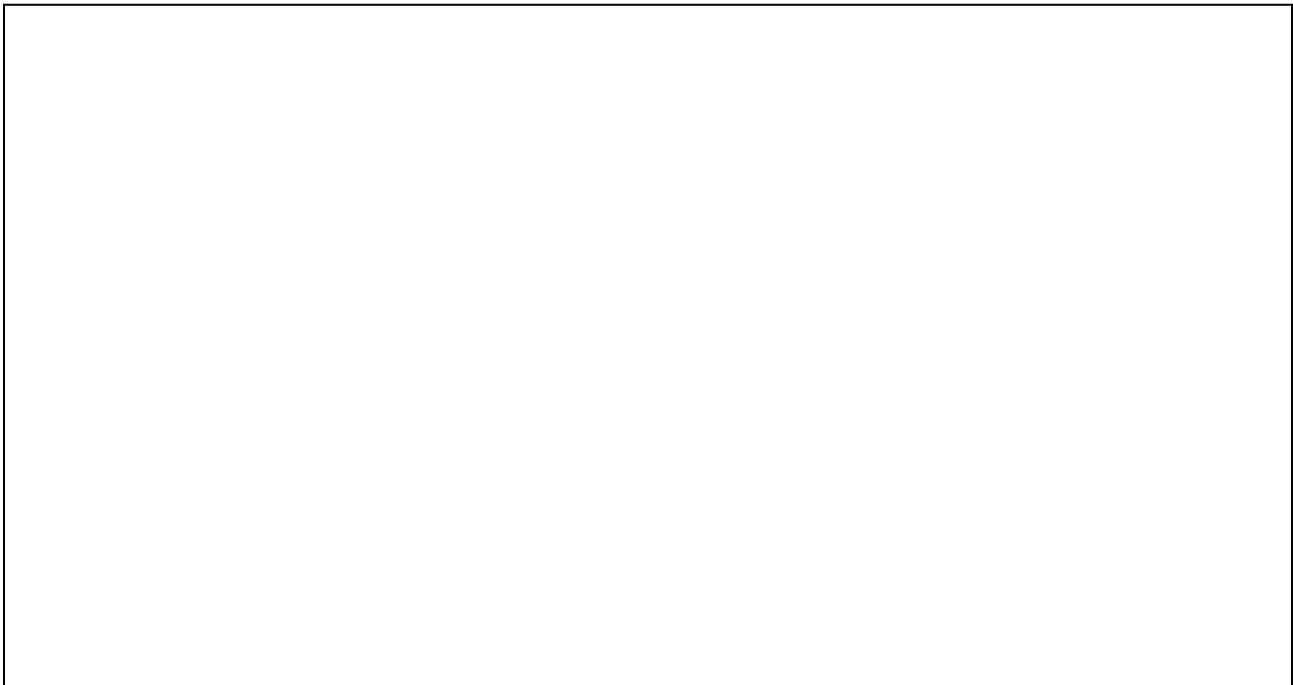
In the space provided, please answer the following questions:

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? *Bullet form response is acceptable.*

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

3. Please complete the following sentence: I am supporting this application to the AETP for the following reasons... *Bullet form response is acceptable.*

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. Further, you understand and acknowledge that you are responsible for ensuring that your current auxiliary appointment with BCWS accommodates the placement duration you are applying for.

_____/_____
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

Tania.Hogan@gov.bc.ca or via mail to the address below.

Envelope must be postmarked no later than July 27, 2018.

Auxiliary Employee Transition Program Attn: AETP Program Manager

South Division - BC Wildfire Service
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:

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