



PAID-ON-CALL FIREFIGHTER APPLICATION MAPLE RIDGE FIRE DEPARTMENT

Read the information on this page at least once **before** completing the application form. This information outlines the entrance requirements for the position of Paid-On-Call Firefighter with the Maple Ridge Fire Department.

ENTRANCE REQUIREMENTS

Minimum Qualifications (required at the time of application):

1. Must be at least 18 years of age.
2. Must be eligible for employment in Canada by meeting one of the following criteria:
 - i. Canadian citizen, or,
 - ii. Holder of a Permanent Resident Card, or,
 - iii. Landed Immigrant.
3. Must hold a valid Driver's License.
 - i. A Probationary or Graduated Driver's License (Class 7) is acceptable with the understanding that a Class 5 License will be attained within 24 months being assigned to a Fire Hall.
 - ii. A Driver's License must have less than 7 demerits/points in any one year, a total of no more than 9 points in the past five years, no suspensions under Section 215 of the Motor Vehicle Act, no convictions under Section 320.14 of the Criminal Code of Canada, and no present suspensions or charges pending.
4. Original, embossed Police Department Police Information Check with Vulnerable Sector Check from your local detachment. (If you provide a copy, the original will be required at the first written test).
5. Must reside within Maple Ridge boundaries by the end of recruit training.
6. Must have Grade 12 or Adult Dogwood Diploma.

Preferred Requirements:

1. Resident of Maple Ridge at the time of application.
2. Advanced First Aid Training.
3. Previous firefighting or other related work.
4. Class 1 & 3 Driver's License or air brake endorsement.
5. NFPA 1001 certification.
6. Bronze Medallion or equivalent.
7. Post-Secondary Academic Diploma.
8. Technical, Trades or equivalent level certification.
9. Other related Fire Department training.



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IMPORTANT: If you are not a resident of Maple Ridge and you are accepted for recruitment, your relocation to Maple Ridge does not guarantee a position as a Paid-On-Call Firefighter with the Maple Ridge Fire Department. Also, a successful applicant for recruitment does not guarantee a position as a Paid-On-Call Firefighter with the Maple Ridge Fire Department. Selected applicants must successfully complete the training program and probationary period.

A position as a Paid-On-Call Firefighter does not guarantee employment as a Career Firefighter with the Maple Ridge Fire Department

To prevent delays in reviewing your application:

- **Answer every question on this form clearly and completely.**
- **All information must be attached, in the requested order, or your application will not be accepted.**



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SUBMISSION OF APPLICATION

Candidates must submit, in the following order:

- Completed Application
- Cover Letter
- Resume
- If you were not born in Canada, a copy of documents supporting, refer to Minimum Qualifications (front page).
- Copy (front and back) of your Driver's License
- Driver's Abstract (must be obtained within the 30 days prior to application deadline)
- Original, embossed Police Department Police Information Check with Vulnerable Sector Check from your local detachment. (If you provide a copy, the original will be required at the first written test).
- Copy (**in order**) any of the following items referenced in your Application, Cover Letter or Resume:
 - Degree
 - Diploma (college, technical school, and/or high school)
 - Certification (e.g., Red Seal)
 - Fire Fighting Certifications
 - First Aid Certifications
 - Copy of CPAT (if applicable)
 - Copy of NFPA 1582 medical fitness (if applicable)
 - Others (e.g., Military certifications, etc.)

Any false, erroneous or misleading answers or statements will be cause for rejection of this application, removal of your name from the eligible list or discharge from the department.

I confirm that my application is completed truthfully and correctly,

Signature of Applicant _____

| |
|----------------------|
| Date Received |
|----------------------|

RETURN COMPLETED APPLICATION WITH ALL ATTACHMENTS, DURING REGULAR OFFICE HOURS (0800hrs -1600hrs , Monday-Friday), TO:

**Maple Ridge Fire Department
22708 Brown Avenue
Maple Ridge BC V2X 9A2
Attention: Assistant Chief James Clelland**

Note: This application will stay on file 6 months from above date unless updated



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SECTION 1 – GENERAL INFORMATION: (Please print legibly and clearly)

Full Name: _____
Surname First Middle

Current Residential Address:

Unit # Street Number Street Name

City Postal Code

Phone Numbers:

Home Work Cell

Email

Citizen and Age Requirements

| | | |
|---|------------------------------|-----------------------------|
| Canadian Citizen or legal entitlement to work in Canada | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I confirm I am 18 years of age or older at the time of application. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Driver License Information

| | | |
|------------------------|------------------------------|-----------------------------|
| Driver's License No: | Province: | Class: |
| Air Brake Endorsement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Expiry Date: | Restrictions: | |

Criminal Record

NOTE: Charge or conviction of an offence does not necessarily preclude consideration for the position of Firefighter. Any violation will be judged on the basis of its relation to this occupation.



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SECTION 2 – STABILITY AND AVAILABILITY:

How many years have you resided in the City of Maple Ridge? _____

If you do not reside in the City of Maple Ridge, when do you intend to do so? _____

How many years have you resided at your present address? _____

To provide a view of your availability, complete the following chart. **Note:** each time block should have something written in it. During an average two week period of time, such as the last two weeks, please indicate the following activity:

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Work hours | <input type="checkbox"/> Family Time | <input type="checkbox"/> Sport/recreation | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Leisure/hobbies | <input type="checkbox"/> Household Activities | <input type="checkbox"/> Free time | <input type="checkbox"/> Other |

Week One

| Time of Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| 00:00 to 06:00 | | | | | | | |
| 06:00 to 12:00 | | | | | | | |
| 12:00 to 18:00 | | | | | | | |
| 18:00 to 22:00 | | | | | | | |
| 22:00 to 24:00 | | | | | | | |

Week Two

| Time of Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------|--------|--------|---------|-----------|----------|--------|----------|
| 00:00 to 06:00 | | | | | | | |
| 06:00 to 12:00 | | | | | | | |
| 12:00 to 18:00 | | | | | | | |
| 18:00 to 22:00 | | | | | | | |
| 22:00 to 24:00 | | | | | | | |



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SECTION 3 – EMPLOYMENT:

Name of Current Employer _____
Location (City, Region and/or Store #) _____
Starting Date (YR/MONTH/DAY) _____ Ending Date (YR/MONTH/DAY) _____
Supervisor's Name _____
Supervisor's Phone Number _____
Supervisor's Email address _____
Position _____
Is your position? Full Time Permanent Part Time Casual
Work Schedule: Days _____ Afternoons _____ Evenings _____
Hours of work: Days _____ Afternoons _____ Evenings _____
Shift Rotation: No. of days on _____ No. of days off _____
Job Duties: _____

Previous Employment – Provide complete your employment history for the **last ten years** (attach additional sheets if necessary)

1. Name of Employer _____
Location (City, Region and/or Store #) _____
Starting Date (YR/MONTH/DAY) _____ Ending Date (YR/MONTH/DAY) _____
Supervisor's Name _____
Supervisor's Phone Number _____
Supervisor's Email address _____
Position _____
Job Duties: _____

Reason for Leaving _____



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2. Name of Employer _____
Location (City, Region and/or Store #) _____
Starting Date (YR/MONTH/DAY) _____ Ending Date (YR/MONTH/DAY) _____
Supervisor's Name _____
Supervisor's Phone Number _____
Supervisor's Email address _____
Position _____
Job Duties: _____

Reason for Leaving _____

3. Name of Employer _____
Location (City, Region and/or Store #) _____
Starting Date (YR/MONTH/DAY) _____ Ending Date (YR/MONTH/DAY) _____
Supervisor's Name _____
Supervisor's Phone Number _____
Supervisor's Email address _____
Position _____
Job Duties: _____

Reason for Leaving _____

REFERENCES: (Two people not related by blood or marriage)

1. Name _____ Address _____
_____ Telephone No. _____
2. Name _____ Address _____
_____ Telephone No. _____

May we contact these references and ask them questions concerning your character? Yes No

May we contact any current or past employers for references? Yes No

If NO, please explain: _____



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SECTION 4 - HEALTH AND LIFESTYLE DATA

In general, rate your health: Excellent Good Fair Poor

What sports do you participate in? (Indicate frequency and for how many years)

Do you have a regular exercise program? Yes No **If yes**, describe and indicate frequency and for how many years.

What leisure or recreational activities do you pursue? (Indicate frequency and for how many years)

Do you have any previous injuries that could affect your ability to perform the duties of a Firefighter?
 Yes No **If yes**, provide details

Do you require visual aids? Yes No **If yes**, describe

Do you have any colour vision impairment? Yes No **If yes**, please explain

Do you have any hearing impairment? Yes No **If yes**, please explain



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SECTION 5 - EDUCATION AND LIFE EXPERIENCE

Have you ever been a member of any Fire Department, Rescue Squad or similar organization?

Yes No

Response Type (check all applicable): Fire Department Rescue Medical

Name and address of Department _____

Dates of Service _____

Reason for leaving _____

List of all relative training (**attach copies of certificates**) _____

IF yes, (to previous question). list types of equipment you were trained to use; specify licenses or certificates and attach copies where applicable, and also indicate dates.

SCBA Small Tools Ladders Gas Power Tools
 Pumps Fire Hoses Driving Apparatus

High School – Have you completed Grade 12 or Adult Dogwood Diploma?

Yes (**attach copy of certificate**) No

Name _____

Grade Completed _____ Year _____

Post-Secondary School: (**attach copies of certificates or transcript**)

Name _____

Program _____

Completed? Yes No Dates: From _____ to _____

Firefighter Training Programs

Name _____

Program _____

Completed? Yes No Dates: From _____ to _____



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Any relevant courses, certificates, etc. (including apprenticeships) (attach copies of certificates)

a. Do you hold any First Aid Certificates? (**attach copies of certificates**) Yes No

Ticket _____ Expiry Date _____

b. Can you swim? Yes No

Do you have any Lifeguard Training (i.e., Bronze Medallion)? Yes No

Highest Level achieved: _____

Date: _____ (**attach copies of certificates**)

Volunteer Experience – if **more than one** use additional information sheet. (Example: Military Cadets, Sports Coaching, Scouts/Guides, Block Watch, Big Brothers, Auxiliary Police)

Name _____ **Dates From** _____ **To** _____

Contact/Reference: _____

Duties/Role: _____

Name _____ **Dates From** _____ **To** _____

Contact/Reference: _____

Duties/Role: _____

Name _____ **Dates From** _____ **To** _____

Contact/Reference: _____

Duties/Role: _____
