



MAPLE RIDGE FIRE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION

Read the information on this page at least once **before** completing the Application Form. This information outlines the entrance requirements and selection procedures for the position of Paid-On-Call Firefighter in the Maple Ridge Fire Department.

ENTRANCE REQUIREMENTS:

Minimum Requirements: (are required at the time of application)

1. Canadian Citizenship or legal entitlement to work in Canada.
2. Must be a minimum of 19 years or age.
3. Grade 12 education including diploma or GED.
4. Height/Weight: Must be proportionate. No minimum or maximum has been set.
5. Good physical condition and able to successfully complete the Maple Ridge Fire Department Firefighter Ability Test and Fire Tech Fitness Assessment.
6. Normal unaided hearing.
7. Vision must meet the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
8. Colour vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
9. Successful completion of a Maple Ridge Fire Department medical examination to the standard firefighter's pre-employment protocol which meets the NFPA guidelines.
10. Posses a minimum valid Class 5 Drivers license with an "acceptable driver's license abstract" (applicant cannot have more than 6 points in one year or 9 points in 5 years. They can not have any alcohol related offences – i.e. impaired driving or 215 suspensions and cannot have any suspensions caused by the Superintendent of Motor Vehicles.
11. You may apply while living outside of Maple Ridge, but must relocate if you are selected as a candidate by the end of training.
12. Must reside in the catchment area of the hall in which you wish to apply.
13. A favorable criminal record that will not bring the fire department into disrepute or hampers one's ability to obtain a First Responder's Medical License.

Preferred Requirements:

1. A 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 or 1002 certification.
6. Bronze Medallion or equivalent.
7. Post Secondary Academic Diploma.
8. Technical, Trades or equivalent level.

IMPORTANT: If you are not a resident of Maple Ridge and you are accepted for recruitment; by relocating to Maple Ridge does not guarantee a position as a paid-on-call firefighter with Maple Ridge Fire Department. Also, a successful applicant for recruitment does not guarantee a position as a paid-on-call firefighter with Maple Ridge Fire Department. Selected applicants must successfully complete the recruitment program and probationary period.

A position as paid-on-call firefighter does not guarantee employment as a career firefighter with Maple Ridge Fire Department

In order to prevent delays in reviewing your application:

- **answer every question on this form clearly and completely.**
- **all information must be attached or your application will not be accepted.**



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The following documents must be attached to this application:

Check off all boxes that you refer to:

- Current Driver's Abstract - within the last 30 days. (obtained from the Motor Vehicle Branch). **Note:** You may be asked to update this regularly.
- Copy of driver's license (front and back).
- Copies of all transcripts, diplomas, certificates referred to in your application.
- Copies of all current certificates, licences or ratings referred to in your application.
- A completed Criminal Record check (obtained from the RCMP)

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 truthful and correctly,

Signature of Applicant _____

RETURN COMPLETED APPLICATION WITH ALL ATTACHMENTS TO:

Maple Ridge Fire Department
22708 Brown Avenue
Maple Ridge, BC V2X 9A2
Attention: Chief Training Officer

Date Received

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



MAPLE RIDGE FIRE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION

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

Name in Full: _____
Surname First Middle

Current Residential Address:

Unit # Street Number Street Name City Postal Code

Phone Numbers:

email: Home Work Cell

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 over the age of 19 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 Fire Fighter. Any violation will be judged on the basis of its relation to this occupation.

SECTION 2 – STABILITY AND AVAILABILITY:

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

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

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

In order 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, (i.e. the last two weeks), please indicate the following:

<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

Check off each item when completed

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							

SECTION 3 – EMPLOYMENT:

Name of Current Employer _____

Location (City, Region and/or Store #) _____

Starting Date _____ Ending Date: _____
Year Month Day Year 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: _____

Reason for Leaving _____

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

Name of Employer _____

Location (City, Region and/or Store #) _____

Starting Date _____ Ending Date: _____
Year Month Day Year Month Day

Supervisor's Name _____

Supervisor's Phone Number _____

Supervisor's email address _____

Position _____

Job Duties: _____

Reason for Leaving _____

Name of Employer _____
Location (City, Region and/or Store #) _____
Starting Date _____ Ending Date: _____
Year Month Day Year Month Day

Supervisor's Name _____
Supervisor's Phone Number _____
Supervisor's email address _____
Position _____
Job Duties: _____

Reason for Leaving _____

Name of Employer _____
Location (City, Region and/or Store #) _____
Starting Date _____ Ending Date: _____
Year Month Day Year 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)

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

If no, please explain: _____

Name _____ Address _____
_____ Telephone No. _____

Name _____ Address _____
_____ Telephone No. _____

Inquiries: May we contact these references and ask them questions concerning your character?

Yes No

SECTION 4 - HEALTH AND LIFESTYLE DATA

In general, rate your health: Excellent Good Fair Poor

How many days of work have you missed due to illness/injury in the last two years? _____

How many sick occurrences have you had in the last two years? _____

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)

Have you had any serious injuries or accidents? 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

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, (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? 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 _____

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 Life Saver Training? (**attach copies of certificates**) Yes No

Certificate _____ Date _____

c. Other _____

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: _____

SECTION 6 - INTENTIONS

My reasons for wishing to join the Maple Ridge Fire Department are as follows: (In your handwriting)

SECTION 7 - MISCELLANEOUS

Is there any additional information important to your application? Yes No

