



**Grand Forks Fire Rescue
Resident Firefighter Work Experience Program
Qualifications Checklist**



Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check the appropriate boxes below in answer to the following questions:

1. Are you 19 years of age or over? Yes No
2. Are you legally entitled to work in Canada? Yes No
3. Are you able to physically perform the duties of a firefighter? Yes No
4. Do you have a secondary school diploma or equivalent? Yes No
5. Do you hold a valid BC Driver's License? 1-2-3-4-5-6 (circle) Yes No
6. Do you hold an out-of-province Driver's License? (please indicate Class, i.e. DZ) _____
7. Do you have an air brake endorsement? Yes No
8. Do you hold a current first-aid certificate of a minimum 7 hours? Yes No
9. Are you free of a criminal record? Yes No
10. Do you have visual acuity of at least 20/30 in each eye (with or without visual aids)? Yes No
11. Are you comfortable being in confined spaces? Yes No
12. Are you comfortable with heights? Yes No
13. Are you willing to work in dangerous and unpleasant situations? Yes No
14. Are you able to calculate risks to help others in need? Yes No
15. Are you able to continue working despite physical discomfort? Yes No
16. Are you able to commit to the **twelve** month WEP program? Yes No
17. Are you able to comply with the rules and regulations of the Work Experience Program? Yes No

Qualifications

- | | | |
|--|------------------------------|-----------------------------|
| 1. NFPA 1001, B.C. full service fire certification. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. For Ontario applicants, completed college, OFM Exams, FF1 & FF2. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Pass a Criminal Records Search. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Doctor's medical clearance or certificate of fitness. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Pass a Drivers License check and a detailed personal reference check. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. CPR, First Aid. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

I declare that the information contained in this
Qualifications Checklist
is true and that no false information has been provided.
Providing false information may lead to employment termination.

Signature _____ Date _____

*Note: This form, along with your resume and supporting documents,
must be submitted either by email, or mail.*

Attention to:

James Runciman Fire Chief
7214 2nd. Street
Grand Forks BC.
V0H 1H0

Email: jrunciman@grandforks.ca
Phone: (250) 444-0874