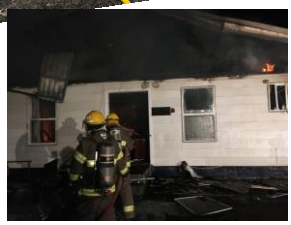
2026/2027 RECRUITMENT




Do you want to serve as a full time firefighter, gain firefighting experience, continue your fire service education, live in the fire station, and be part of a progressive team? If so, this might be the position you're looking for!

Grand Forks Fire Rescue will soon be seeking candidates for the Work Experience Program (WEP 03). We are accepting applications from March 16, 2026 until the end of the business day April 10, 2026. Interviews will be completed in April, with the program to start with orientation June 1, 2026

Overview of the program

- Trainees will have the opportunity to maintain their previously acquired NFPA 1001 Fire Fighter 1 & 2 skills through specialized training drills, regular training sessions, emergency response calls and examinations.
- Trainees will acquire job experience by participating in specialized programs such as pre-fire planning, public education, regular fire hall duties, vehicle maintenance, small equipment, and other in-house training programs.
- Trainees will train, certify, and maintain First Responder certification. They will also complete the Canadian Red Cross First Responder course.
- Trainees will become regular Honorarium paid members of GFFR, and will be required to uphold the same standards and commitments.
- WEP Firefighters will receive the same stipends for emergency response and training as do the regular Volunteer members.
- Grand Forks Fire Rescue will assist WEP members in their career search by providing education in interview and resume writing techniques.
- Trainees will be required to make a 12 month commitment to the program unless hired by a career department before then.

Education Program

Trainees will participate in a number of certified training programs including: RIT, Mayday, Pumps and Pumping, Driver Training, Emergency Scene Traffic Control, Extrication, Live Fire, Low to High Angle Rescue, Company Inspections and several others.

Accommodations

Grand Forks Fire Rescue will provide accommodations at the fire station as part of the Work Experience Program. These accommodations will include access to a laundry facility, full cooking facilities, lounge areas and TV, and an office area with computer / Internet access. WEP crew members will have access to a local Fitness Facility.

For recruitment information and forms please contact:

Fire Chief Rich Piché
PO Box 220, 7214 2 St. Grand Forks, BC, V0H1H0

Email: rpiche@grandforks.ca / Phone 250-444-9452

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?		

Qualifications

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

Rich Piché Fire Chief
7214 2nd. Street
Grand Forks BC.
V0H 1H0

Email: rpiche@grandforks.ca
Phone: (250) 444-9452

GRAND FORKS FIRE RESCUE
WORK EXPERIENCE PROGRAM (WEP)
FIREFIGHTER APPLICATION

GENERAL INFORMATION – PLEASE READ CAREFULLY

Please read the information on the following pages prior to completing the Application Form. This information will outline the entrance requirements and selection procedures for the position of Work Experience Program Firefighter for Grand Forks Fire Rescue.

A. ENTRANCE REQUIREMENTS:

Minimum Qualifications: (Required at time of application)

1. Canadian Citizenship or Landed Immigrant.
2. Between the ages of 18 and 60 years.
3. Doctor's Medical Clearance or Certificate of Fitness; Fit Tech, CPAT or YORK.
4. Hearing must be normal without use of hearing aids.
5. Vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
6. Possess a favorable criminal record that will not bring the fire department into disrepute or hamper one's ability to obtain a First Responder's Medical License.
7. A favorable Driver's Abstract that has less than 6 points in any one year or less than 9 points in the five-year history and must not have any 214/215 suspensions or any other impaired driving conviction or any Superintendent of Motor Vehicle caused suspension.
8. Air-Brake Endorsement.
9. NFPA 1001 level 2, BC Firefighter 1 & 2, or equivalent certification.
10. Commitment to the 12-month Work Experience Program. Individuals hired by a career department or family emergency during their Program will be relieved of this commitment.

B. PREFERRED QUALIFICATIONS:

1. Advanced First Aid Training.
2. Previous firefighting or other related work.
3. Class 1 or 3 Driver's License.
4. Post-Secondary Academic Education (Graduate Certificate, Diploma, Bachelor, Masters, etc).
5. Technical, trades, or equivalent level.
6. Considerable Mechanical Aptitude.
7. Wildland firefighting experience S-100, S-185, WSPP-115, WSPP-WFF1, Engine Boss.

C. PHYSICAL CONSIDERATIONS AND ABILITIES:

1. Healthy and active lifestyle:
    a. Provide information on personal healthy eating habits.
    b. Provide information on regular personal physical conditioning.

2. Core Strength:
    a. Ability to perform 25 push-ups within one minute.
    b. Ability to perform 45 sit-ups within one minute.
    c. Ability to drag 175 lbs. (80 kg) 100 feet.
    d. Ability to dead lift 150lb weight.
    e. Ability to drag dry fire hose 50 feet.

3. Cardiovascular Fitness:
    a. Ability to run 1.5 miles (2.4 km) in 13 minutes.

4. Dexterity:
    a. Search and rescue obstacle course.
    b. Climb 35' ground ladder.

5. Agility and strength to perform prolonged and arduous work under adverse conditions.

6. Ability to react quickly and remain calm under duress.

CI. WORK EXPERIENCE PROGRAM FIREFIGHTER: NATURE AND SCOPE OF WORK

WEP Firefighters are responsible for the combating, extinguishing, and prevention of fires, life saving, and property conservation within the City of Grand Forks and RDKB fire protection boundaries to department's standards. WEP Firefighters participate in training as required by the department's training program. WEP Firefighters participate in regular shift routines and duty coverage. As part of their commitment WEP Firefighters will participate in fire prevention, public education, company fire inspections, pre-fire planning, station duties, and equipment maintenance.

Without restricting the general nature and scope of the work, the following are illustrative examples of work which may be expected in the classification of WEP Firefighter:

1. Promptly report to all meetings and training.

2. Familiarize themselves with and abides by fire department procedures, rules, and regulations.

3. Familiarizes themselves with the handling, care, and maintenance of all department equipment.

4. Attends promptly when the alarm is sounded.

5. Lay and connect hose, direct water streams, raise and climb ladders, use portable extinguishers, self-contained breathing apparatus, and all other firefighting, rescue, tools and equipment.

6. Searches for and rescues persons from danger.

7. Ventilates premises to release heat and smoke; places salvage covers to prevent water damage.

8. As assigned, drives and operates firefighting apparatus'.

9. Remains on the scene of an incident until given permission to leave by the officer-in-charge.

11. Returns to the fire station after incidents and practices to assist in cleaning of equipment and making the apparatus and equipment ready for the next alarm; reports any loss or damage of apparatus or equipment.

12. Cleans and maintains personal equipment and ensures its ready state.

13. Ensures his/her name has been recorded on the attendance sheet for alarms and training.

14. Serves on any committee to which he/she may be elected or appointed.

15. Performs related duties as required.

IMPORTANT: **To prevent delays in reviewing your application:**

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

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.

GRAND FORKS FIRE RESCUE
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION

APPLICATION COVER PAGE

APPLICANT NAME: _____

Please print clearly.

This check sheet is to ensure that your application is as complete as possible allowing for processing without delay. Any items not checked or submitted will result in your application not being processed.

It is important, that all items are checked, and the appropriate documentation is included. Staff will not follow up if items are missing.

Return this sheet with your application; signed and dated.

Please ensure the following documents are attached to this application:

☐	APPLICATION COMPLETED WITH ALL BLANKS FILLED WITH ACCURATE INFORMATION	☐	COPIES OF HIGH SCHOOL / POST SECONDARY EDUCATION TRANSCRIPTS INCLUDING FROM FIRE ACADEMY (NOT DIPLOMA OR CERTIFICATE)
☐	CURRENT DRIVER'S ABSTRACT (WITHIN 10 DAYS)	☐	COPY OF NFPA 1001 (IFSAC/PRO-BOARD) CERTIFICATE (OR EQUIVELANT)
☐	PHOTOCOPY OF DRIVER'S LICENCE (BOTH SIDES)	☐	COPIES OF RELATED FIRE SERVICE CERTIFICATES
☐	PHOTOCOPY OF BIRTH CERTIFICATE OR PASSPORT	☐	COPIES OF REFERENCE LETTERS
☐	CRIMINAL RECORD CHECK FROM LOCAL POLICE DETACHMENT / PROVINCE	☐	PHOTOGRAPH (Color – similar to passport photo with light background)
☐	RESUME WITH COVER LETTER		

Do you agree to commit to the 12-month Fire Service Work Experience Program? (Exception granted if hired by a career fire department during Program or family emergency) ☐ **YES** ☐ **NO**

Do you agree to reside in Grand Forks, British Columbia throughout your program? ☐ **YES** ☐ **NO**

Do you agree to make the staff quarters provided your primary residence? ☐ **YES** ☐ **NO**

I CONFIRM THAT MY APPLICATION IS COMPLETED TRUTHFULLY AND CORRECTLY, ADDITIONALLY, I AGREE TO ABIDE BY THE RULES, REGULATION, POLICIES, PROCEDURES, GUIDELINES AND BYLAWS THAT GOVERN GRAND FORKS FIRE RESCUE.

DATE RECEIVED

_____ _____

Signature of Applicant Date

RETURN TO:

WORK EXPERIENCE PROGRAM
GRAND FORKS FIRE RESCUE
PO BOX 220
7214 2ND STREET
GRAND FORKS, BC
V0H 1H0

GRAND FORKS FIRE RESCUE
WORK EXPERIENCE PROGRAM (WEP) FIREFIGHTER APPLICATION

SECTION 1 – GENERAL INFORMATION: (Please Print Neatly)

FULL NAME: _____ _____ _____
Surname *First* *Middle*

Current Residential Address:

_____
Unit # *Street Number* *Street / Avenue Name* *City* *Postal Code*

Contact Information: HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

Emergency Contact: _____ _____
Name *Contact Number*

Emergency Contact Relationship: _____

SECTION 2 – PERSONAL & PHYSICAL DATA: (Please Print Neatly)

Date of Birth: _____ **Age:** _____ **S.I.N.** _____
YEAR / MONTH / DAY

Driver's License #: _____ **Expiry Date:** _____

Province of Issue: _____ **Air Brake Endorsement?** ☐ Yes ☐ No

Class: _____ **Restrictions:** _____

Have you included a recent (within 10 days) Driver's License Abstract? ☐ YES ☐ NO

Do you have any points or demerits on your Driver's Abstract? ☐ YES ☐ NO

If you have demerits or points, how many? _____

Are you licensed to drive large tandem axle trucks (two axles at rear of truck)? ☐ YES ☐ NO

Height: _____ **Weight:** _____
CM *FT / INCHES* *KGS* *LBS*

Shoe Size: _____ **Boot Size:** _____

T-Shirt Size: _____ **Neck Size (Shirt):** _____

Waist Size: _____ **Chest:** _____

Pant Inseam: _____

SECTION 2 – PERSONAL DECLARATIONS:

APPLICANT NAME: _____

Please print clearly.

I hereby declare that I am a: *CANADIAN CITIZEN* ☐ *LANDED IMMIGRANT* ☐ and I am legally eligible to work in Canada and participate in the Firefighter Work Experience Program.

Attached to my application package is a photocopy or scan of my:

Birth Certificate ☐ *Canadian Passport* ☐ *Immigration Work Permit* ☐

Provincial or Federal Convictions:

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

Have you ever been charged or convicted of any of the following?

1. Criminal Code Offence, or	☐ YES	☐ NO
2. Motor Vehicle Act Offence, or	☐ YES	☐ NO
3. A Fishery or Wildlife Act Offence, or	☐ YES	☐ NO
4. Any other Federal or Provincial Statue Offence?	☐ YES	☐ NO

If "YES" give date and state offense:

Have you ever had credit or financial problems?

1. Failure to pay debt or expense (credit card, utilities, etc.)?	☐ YES	☐ NO
2. Been contacted by a collection company to collect debt?	☐ YES	☐ NO
3. Had wages garnished to pay for debt?	☐ YES	☐ NO
4. Do owe money to Canada Revenue Agency?	☐ YES	☐ NO

If "YES" give brief explanation:

Do you authorize the City of Grand Forks to conduct background information checks which could include criminal records check or financial credit history as part of your pre-employment status with Grand Forks Fire Rescue? The personal information collected on this form will be used solely for the purposes of processing the employment application.

Signature of Applicant: _____ **Date:** _____

SECTION 3 – GENERAL BACKGROUND:

3A - Current Employment

Are you currently employed? ☐ YES ☐ NO

If yes, current position title: _____

Is your position? ☐ Fulltime ☐ Part Time ☐ Casual

Employer Name: _____

Address: _____

Phone: _____

Immediate Supervisor _____

May we contact your immediate supervisor? ☐ YES ☐ NO

Dates Employed: From:_____ To: _____

Work Schedule: ☐ Days ☐ Afternoons ☐ Nights

Job Duties:

Would you be quitting or taking a leave of absence to participate in this program?

3B - Firefighter Certification

Have you completed a recognized Fire Service Pre-Employment Program? ☐ YES ☐ NO

If yes,

Institute / College	Province / State
Year Completed	Did you receive NFPA 1001 Accreditation?

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

3C - Fitness Certification

Have you completed a firefighter physical fitness certification? (CPAT, YORK, CFAI-CTS) ☐ YES ☐ NO

Have you attached copy of certificate to application package? ☐ YES ☐ NO

If yes,

Test Type (CPAT, YORK, OFAI-CTS)	Province / State Where Completed?
Date (YYYY-MM-DD) Completed	

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

3D - Medical Clearance

PLEASE SKIP THIS STEP IF YOU HAVE INCLUDED A FITNESS CERTIFICATE ON PART 3C

Have you attached copy of medical certificate of health to application package? ☐ YES ☐ NO

If yes,

PHYSICIAN'S NAME	Province / State Where Completed?
Date (YYYY-MM-DD) Completed	PHYSICIAN'S OFFICE PHONE NUMBER

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

SECTION 4 – GENERAL QUALIFICATIONS:

4A – Medical Responder Training (FR / EMR / PCP)

Have you completed a recognized medical responder training program? ☐ YES ☐ NO

If yes, please record the highest level of training achieved below:

Institute / College / Training Provider	Province / State
Year Completed	Training Completed (First Responder / EMR / PCP)
Have you received a license from an authority having jurisdiction? ☐ YES ☐ NO	License Number (include copy with certificate).

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

4B – FIRST AID TRAINING

Have you completed a recognized first aid program? ☐ YES ☐ NO

If yes, please record the highest and most recent level of training:

Institute / College / Training Provider	Province / State
Year Completed	Training Level Completed

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

4C – CPR TRAINING

Have you completed a recognized CPR program? ☐ YES ☐ NO

If yes, please record the most recent level of training:

Institute / College / Training Provider	Province / State
Year Completed	Training Completed (First Responder / EMR / PCP)

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

4D – HIGH SCHOOL EDUCATION

HIGH SCHOOL:

Have you completed Grade 12? ☐ Yes ☐ No

Copy of High School Transcript Attached to Application? ☐ Yes ☐ No

Name of High School: _____ Graduation Year: _____

The following sections are for post-secondary and trades school education.
PLEASE DO NOT RECORD FIRE SERVICE TRAINING HERE UNLESS IT IS PART OF A DEGREE PROGRAM.

4E – POST SECONDARY EDUCATION (attach copies of certificates or transcript)

Have you completed a recognized post-secondary degree program? ☐ YES ☐ NO

If yes, please record the most recent degree program:

Name of College or University		Program / Degree Completed
Year Started	Year Completed	Total College / University Credit Hours Completed

ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION

Additional post-secondary degree programs completed:

Name of College or University		Program / Degree Completed
Year Started	Year Completed	Total College / University Credit Hours Completed

ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION

4F – TECHNICAL TRADES EDUCATION (attach copies of certificates or transcript)

Have you completed a recognized technical trades program? ☐ YES ☐ NO

If yes, please record the most recent trades program completed:

Name of Technical Trades Educational Institution		Trades Program
Year Started	Year Completed	Have you completed all educational components of this trades program? ☐ YES ☐ NO
Name of Employment where apprenticeship hours completed? (If applicable)		Have you worked in this trade? ☐ APPRENTICE ☐ JOURNEYMAN

ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION

4G – PAST WORK EXPERIENCE

Please list the last five years of employment. List in order of from most recent to oldest.
If you need additional space, utilize extra sheet at end of application package.

1

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

2

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

3

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

If you require more spaces, please refer to page 25 for additional employment spaces.

SECTION 4F – PREVIOUS FIREFIGHTING EXPERIENCE

Have you ever been a member of any fire department, rescue squad or similar organization? ☐ YES ☐ NO

Response Organization (check all applicable): ☐ Fire Department ☐ Rescue ☐ Medical

If yes, please list types of equipment you were trained to use:

☐ SCBA ☐ Small Tools ☐ Ladders ☐ Gas Power Tools

☐ Pumps ☐ Fire Hoses ☐ Driving Apparatus ☐ Hydraulic Rescue Tools

Emergency Organization #1

Name of Emergency Organization		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Fire Chief or Supervisor		Contact Phone Number
Annual Hours of Training Participated In		Number of Calls Attended Per Year

Emergency Organization #2

Name of Emergency Organization		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Fire Chief or Supervisor		Contact Phone Number
Annual Hours of Training Participated In		Number of Calls Attended Per Year

Briefly describe your role and experience gained through your affiliation with the above listed Emergency Organizations:

5A – FIREFIGHTING RELATED COURSES AND CERTIFICATIONS

Only list certificates that will be accompanied with a copy of the certificate. Any training listed which does not include a copy of a certificate attached to application package will not be reviewed for eligibility. Do not include NFPA 1001 Certification which is documented earlier in application package.

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

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Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

If you require more spaces, please refer to page 26 for additional fire related training certificates.

5B – GENERAL COURSES AND CERTIFICATIONS

Please provide information for non-firefighting related courses, such as WHMIS, H2S or other workplace safety courses completed.

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ YES ☐ NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ YES ☐ NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	W**as** there testing required to pass program? ☐ **Yes** ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

If you require more spaces, please refer to page XX for additional general training certificates.

5C – COMMUNITY VOLUNTEERING EXPERIENCE

1

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

2

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

3

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

5C – COMMUNITY VOLUNTEERING EXPERIENCE (continued)

4

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

5

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

6

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

5D – PERSONAL ACHIEVEMENTS

	ACHIEVEMENT	YEAR
1		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
2		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
3		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
4		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
5		

Provide brief details ofachievement:

5E – OTHER SKILLS & EXPERIENCES

Can you swim? ☐ Yes ☐ No

Do you have any Life Saver Training? (Attach copies of certificates) ☐ Yes ☐ No

If Yes, Certificate #: _____ Date: _____

Do you regularly swim to maintain swimming skills? ☐ Yes ☐ No

If yes to previous question, how many hours per month do you swim? _____

Do you have experience in Wildland Firefighting? ☐ Yes ☐ No

Have you taken any specific Wildland Firefighting Training? ☐ Yes ☐ No

How many months experience have you gained in Wildland Firefighting? _____ Last Year _____

Please include any copies of certificates and record certificates attained in Fire Related Certificate Training Section of Application

Do you have experience with computers & software? ☐ Yes ☐ No

Have you taken any specific computer training? ☐ Yes ☐ No

If yes to the previous question, describe training received? _____

Is there other related training, skills or experiences you wish to share? Please describe:

SECTION 6 – INTENTIONS

My reasons for wishing to join the Work Experience Program are as follows: (In your handwriting)

SECTION 7 – MISCELLANEOUS

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

SECTION 8 – HEALTH AND LIFESTYLE DATA

In general, rate your heath: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

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

Do you presently take any prescription drugs, which might affect your performance on physical or written tests? ☐ YES ☐ NO

Do you smoke? ☐ Yes ☐ No Explain: _

Do you drink alcohol? ☐ Yes ☐ No Explain: _

Do you participate in sports? (Indicate sport, frequency and for how manyyears)

Do you have a regular exercise program? ☐ Y e s ☐ No

If yes, please describe and indicate frequency and for how many years.

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

Have you had any serious injuries or illnesses? ☐ Yes ☐ No

Do you have any medical disabilities? ☐ Yes ☐ No

Do you require visual aids? ☐ Yes ☐ No

Do you have any color vision impairment? ☐ Yes ☐ No

Do you have any hearing impairment? ☐ Yes ☐ No

If yes to any of the above 5 questions, please describe and explain condition. For vision and hearing, describe what corrective aids you are using:

SECTION 9 – ADDITIONAL PERSONAL DATA

Describe your current living arrangements, do you:

- ☐ **Own**
- ☐ **Rent**
- ☐ **Board**
- ☐ **Live with Parents**

Marital Status

☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Common-law

Children

Do you have children? ☐ YES ☐ NO

If so, do they live with you? ☐ YES ☐ NO

If so, what are their ages?

Is your spouse employed? ☐ YES ☐ NO

If yes, what is the employment? ☐ Fulltime ☐ Part Time ☐ Casual

Will you have debt payments while you are in this 12-month program? ☐ YES ☐ NO

If yes, what will the total monthly amount required for debt servicing be while in the program? _____

Have you ever been late on payments for loans, credit cards, etc.? ☐ YES ☐ NO

Have you ever been referred to a collection agency for debt collection? ☐ YES ☐ NO

Did you file your income tax return for previous taxation year? ☐ YES ☐ NO

Do you currently owe Revenue Canada any outstanding balance? ☐ YES ☐ NO

The average Work Experience Firefighter receives pay for attending incidents, standby duties, and training. This pay averages about $500 per month. Describe how you will be financially able to participate in a 12-month program with this limited monthly pay?

Is there any personal information that you wish to share that may make it a challenge for you to participate in a 12-month program?

SECTION 10 – REFERENCES:

May we contact any current or past employer as a reference? ☐ YES ☐ NO

If no, please explain:

WORK REFERENCES: (List two references who can provide reference to work or volunteer work)

Reference #1

Name: _____
Address: _____
Phone: _____

Reference #2

Name: _____
Address: _____
Phone: _____

CHARACTER REFERENCES: (Two people not related by blood or marriage and were not a direct supervisor for previous employment.)

Reference #1

Name: _____
Address: _____
Phone: _____

Reference #2

Name: _____
Address: _____
Phone: _____

SECTION 11 – CRIMINAL RECORD CHECK

Working as a firefighter is considered a position of trust and requires the provision of a Criminal Record Check to the City of Grand Forks.

While performing your duties as a firefighter, you may be responsible from time to time for the well- being of one or more children or vulnerable persons. In addition to a Criminal Record Check, we request that a search is conducted in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Record Act and has beenpardoned.

Step 1: Contained within this application package is a letter identifying the type of Criminal Record Check required, including a Vulnerable Sector Check (VS) for sexual offences for which a pardon has been granted. Take the enclosed letter and form to your local RCMP or Police detachment to request a Criminal Record Check.

Step 2: Pay any fees associated with the cost of any Criminal Record Check. This cost is the responsibility of the applicant.

Step 3: Include Criminal Record Check with this application package and check off box on Application Cover Page (page 4).

Note: The City of Grand Forks reserves the right to have further criminal record checks performed upon offer of a position or upon arrival in Grand Forks at the local RCMP detachment.

A criminal record does not necessarily preclude an applicant from attaining a position with the City of Grand Forks, as the City of Grand Forks is an equal opportunity employer.

For more information regarding Vulnerable Sector Checks, please visit

http://www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks

http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks

GRAND FORKS FIRE RESCUE

Box 220, 7214 2 Street, Grand Forks, BC V0H1H0

Phone: 250-442-3612 Fax: 250-442-3643

Attention: Local Police Detachment

To Whom It May Concern:

The individual listed below has applied to be a Work Experience Firefighter with the City of Grand Forks– Grand Forks Fire Rescue.

Firefighters/rescuers in the community work from time to time with children and other vulnerable individuals through the course of their duties, including, but not limited to emergency medical care, rescue work, firefighting, and public education duties. As firefighters, the public places a high degree of trust in these individuals.

As such, and as a condition of employment, the individual presenting this letter requires to have a Criminal Record Check and a Vulnerable Sector Check enclosed with their application package. Any fees associated with obtaining these checks are the responsibility of the applicant.

Thank you in advance for your co-operation in providing this service. If you have any questions regarding this request for a Criminal Record Check and Vulnerable Sector Check, please do not hesitate to contact me at (250) 442-3612, extension 60301.

Regards,

Rich Piché

Fire Chief

Grand Forks Fire Rescue
Physical Fitness Testing/Medical Clearance Form

_____has applied to take part Grand Forks Fire Rescue Work Experience Program. The physical fitness testing component is comprised of the tasks listed below.

Please review the sample physical requirements and then indicate your recommendation for this individual's participation at the bottom of this form.

Perform the following simulated firefighting tests wearing approximately fifty pounds of firefighting personal protective clothing and equipment.

- Climb a 100-foot aerial, and then descend in controlled, safe manner
- Retrieve an object from a dark, confined space while wearing a blacked-out mask
- Grasp and drag a 175 lb. dummy a distance of 100 feet
- Fully extend and lower the fly sections of a 35 foot ladder in a controlled fashion.
- Carry a 150 foot (55 lb.) bundle of folded hose on the shoulder up and down four floors, two times
- Raise and lower a 50 foot section of rolled hose (approximately 50 pounds) using a 1/2" rope a distance of 30 feet two times (60 feet in total)
- Advance a 150 foot length of 1 3/4" hose line until the line lies fully extended behind the candidate. Approximate distance 140 feet.
- Carry 100 feet of rolled Storz hose (80 lbs.) a distance of 50 feet.

Upon reviewing the physical fitness components as outlined above, and in my medical

opinion, _____is:
Candidate's Name (please print)

_____ **Medically Fit to perform these tasks** _____ **Not medically fit to perform these tasks**

_____ _____
Physician's Signature Date

Please print or stamp:
Physician's name:

Address/Phone:

Royal Canadian Mounted Police / Gendarmerie royale du Canada
Canadian Police Information Centre / Centre d'information de la Police canadienne

Form 1

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Identification of the Applicant

Surname	Given Name (s)	Sex ☐ Male ☐ Female
Date of Birth (Y-M-D) / Place of Birth	Current Address	

Previous address es, if any, within the last 5 years

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position	Name of the person or organization
Firefighter	Grand Forks Fire Rescue

Details regarding the children or vulnerable person(s)

A work experience firefighter/ rescuer, who will be working in a position of trust, may work from time to time with children and other vulnerable individuals through the course of their duties, including but not limited to emergency medical care, rescue work, firefighting, and public education duties.

Consent

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety and Emergency Preparedness Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Canada

Signature of Applicant — Date (Y- M- D)

A National Police Service of the Royal Canadian Mounted Police

13A – ADDITIONAL FORMS – PAST WORK EXPERIENCE

Please list the last five years of employment. List in order of from most recent to oldest.
If you need additional space, utilize extra sheet at end of application package.

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

Name of Employer		Job Title / Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Supervisor		Contact Phone Number
Was the position full-time, part-time or casual?		Number of hours worked per week

PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.

13B – ADDITIONAL FORMS - FIREFIGHTING RELATED COURSES AND CERTIFICATIONS

Only list certificates that will be accompanied with a copy of the certificate. Any training listed which does not include a copy of a certificate attached to application package will not be reviewed for eligibility. Do not include NFPA 1001 Certification which is documented earlier in application package.

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training ☐ IFSAC ☐ PRO-BOARD

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ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.

13C – ADDITIONAL FORMS GENERAL COURSES AND CERTIFICATIONS

Please provide information for non-firefighting related courses, such as WHMIS, H2S or other workplace safety courses completed.

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ YES ☐ NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ YES ☐ NO

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ No

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? ☐ Yes ☐ **No**

ENSURE COPY OF CERTIFICATE IS ATTACHED TOAPPLICATION

PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.

13D – ADDITIONAL FORMS - COMMUNITY VOLUNTEERING EXPERIENCE

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

Name of Organization		Volunteer Position
Month - Year Started	Month - Year Finished	Reason for Leaving
Name of Contact		Contact Phone Number
Total Number of Volunteer Hours Per Year		Did you volunteer weekly, monthly, annually or one time?

Duties / Role:

13E – ADDITIONAL FORMS - PERSONAL ACHIEVEMENTS

	ACHIEVEMENT	YEAR
1		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
2		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
3		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
4		

Provide brief details ofachievement:

	ACHIEVEMENT	YEAR
5		

Provide brief details ofachievement:

PRINT AS MANY COPIES OF THIS FORM AS REQUIRED.

Phone: (250) 444-9452

www.grandforks.ca

7214 2nd. Street
Grand Forks, BC
V0H 1H0

Resident Firefighter Work Experience Firefighter Program (WEP)
Rules and Regulations

The Work Experience Program (WEP) is designed to provide aspiring firefighters with practical fire service experience while supporting the operational readiness of Grand Forks Fire Rescue (GFFR).

1. You and your fellow WEP members will be responsible for duty shifts. They will be scheduled on a rotating basis.

2. WEP firefighters are expected to use the fire department dormitory as their principal residence during the week.

3. WEP members are required to maintain the fire station in accordance with set department standards and the daily station duty sheet.

4. Any WEP member(s) whose presence, in the opinion of the Fire Chief, is disruptive to the good order or operation of the fire hall and/or community will be dismissed. They must terminate residence at the Grand Forks Fire Hall within three days.

5. Each WEP member must agree to these terms in writing before acceptance as a resident Work Experience Firefighter of the Grand Forks Fire Rescue.

_____.
WEP Resident Signature

Routine, Rules and Regulations:

1. WEP residents do not accumulate vacation leave during their 12-month tour. A maximum of three (3) weeks unpaid time off may be approved during the program, subject to advance request and approval by the Fire Chief.

2. WEP residents do not accumulate sick leave. In the event of illness, residents must notify the Fire Chief or Duty Officer as soon as possible so crew coverage can be arranged.

3. All house duties shall be presentable at all times including resident dormitory rooms. Duties not attended to will result in disciplinary action from the Fire Chief.

4. Residents must report to their assigned shift on time and ready for duty, including all scheduled training days. Members must be prepared for emergency response with bunker gear, radio, and SCBA. This equipment is the responsibility of the assigned firefighter to inspect and maintain.

5. Members must report for shift in proper uniform condition: clean-shaven, clean and pressed uniform shirt worn over a GFFR T-shirt, polished hardware, black belt, pressed pants, and shined black shoes or boots. Members on duty shift will remain in proper uniform until 16:30 hours.

6. All requests from a guest or public shall be handled with courtesy and diplomacy, as you represent the GFFR. Remember that our job is to be helpful at all times.

7. Small problems that arise shall be solved amongst the residents. The Fire Chief should be informed of a problem that is beyond the scope of resolving in-house.

8. Residents who do not currently possess a valid BC EMR or First Responder (FR) license will be required to successfully complete the BC EMA approved course and obtain valid BC EMA licensure during the program.

9. Kitchen supplies such as pots and pans, dishes or food should be stored in cabinets. Fridges and freezers must be inspected weekly and old food must be thrown out to ensure cleanliness

_____.

WEP Resident Signature

10. Conduct yourself in an appropriate manner at all times, as you are members of this organization. Refrain from disruptive or rowdy behavior when out in public. Clothing that identifies you as a GFFR member is not permitted to be worn if you are consuming alcohol.

11. A GFFR pager must be carried and turned on at all times when on or off duty, except when consuming alcohol. Residents are expected to report to the fire hall when a call is paged out.

12. Residents are expected to respond to emergency calls whenever available while in the station or within pager range, unless otherwise excused by the Fire Chief or Duty Officer.

13. Smoking is not permitted in the fire hall or in any building or vehicle. Tobacco use is strongly discouraged in any form and may have a negative impact on future job opportunities.

14. The Chief or Deputy Chief's offices are off limits to residents unless directed by the Fire Chief or Deputy Chief.

15. Overnight guests are permitted in resident firefighter quarters only with prior approval from the Fire Chief. A minimum of one (1) week notice must be provided.

16. WEP members will be held accountable for order and cleanliness. The following guidelines will apply:
    a. Clothes hung in closets and put in drawers.
    b. Beds made when not in use.
    c. Floors vacuumed regularly.
    d. Baths and showers cleaned.
    e. Dishes and glasses returned to the kitchen and/or dishwasher.
    f. Trash emptied "as needed" in rooms, daily in kitchen.
    g. Recyclables stored and taken out to bins.
    h. Common living and kitchen areas presentable to public at all times.
    i. IF YOU HAVE TIME TO COOK, YOU HAVE TIME TO CLEAN!
    j. Other duties as assigned or taken in the absence of a fellow resident.

17. There is zero tolerance for illegal drug use by any WEP resident.

18. Alcohol consumption while on duty or responding to calls is strictly prohibited. Members under the influence will not respond to emergency calls.

_____.

WEP Resident Signature.

19. Requests to be excused from training must be submitted to the Fire Chief at least 48 hours prior to the scheduled event.

20. Late arrival for duty may result in an extra duty shift, or you may be dismissed for that particular day. Other tardiness may result in discharge from the program.

21. WEP residents may have recreational privileges suspended for just cause. The Fire Chief will determine this.

22. Resident's conduct shall not reflect adversely on themselves or the department. Rules of common courtesy and respect for the individual will be given to all fellow members of the department. Treat others with the same respect you would expect to receive. WEP residents must model GFFR values.

23. If you are asked to perform a task that you have not been properly trained for, convey this to the person requesting the task. You will not be expected to perform beyond your level trained. You have the right to refuse unsafe work.

24. Violations of WEP Rules, Regulations, or GFFR policies may result in disciplinary action. Residents will be notified by the Fire Chief when disciplinary action is initiated. A progressive discipline process may be used, including a three-strike policy.

25. Harassment, bullying, or discriminatory behavior will not be tolerated and may result in dismissal from the program.

26. Grand Forks Fire Rescue expects a twelve (12) month commitment from all participants accepted into the WEP Resident Program. Residents who choose to leave the program prior to completing their commitment must provide a minimum of two (2) weeks written notice. Exceptions may be considered in circumstances such as a resident being hired by a career fire department or in the event of a family emergency. Any exception must be reviewed and approved by the Fire Chief.

27. All WEP members shall wear only GFFR authorized shirts, pants, station jackets, and hats while on duty or during training. Exceptions must be approved by the Fire Chief.

28. WEP residents are expected to respect all fire department property, equipment, and facilities. Damage resulting from negligence may result in disciplinary action.

29. Participation in the Grand Forks Fire Rescue Work Experience Program (WEP) does not constitute employment with the City of Grand Forks. The program is intended solely as a training and work experience opportunity. Participation in the WEP program does not guarantee future employment with Grand Forks Fire Rescue or any other fire department.

_____.

WEP Resident Signature

The GFFR Work Experience Program is a once-in-a-lifetime opportunity. Your schooling can make you hireable, this program will make you valuable. You will be given the tools and education to pursue a rewarding career in the Fire Service. Life in Station 354 will be as close as you will get to a full time hall so please treat the hall and your fellow firefighters with respect and enjoy the ride.

Good Luck and be Safe!

Fire Chief Richard Piché

Dated at_____this_____day of_____2026

_____ _____

WEP resident Fire Chief

_____.

WEP Resident Signature