



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.



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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.



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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.



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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:

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

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?

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

<p>DATE RECEIVED</p>

Signature of Applicant

Date

RETURN TO:

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



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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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Motor Vehicle Act Offence, or | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. A Fishery or Wildlife Act Offence, or | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any other Federal or Provincial Statute Offence? | <input type="checkbox"/> YES | <input type="checkbox"/> 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.)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Been contacted by a collection company to collect debt? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Had wages garnished to pay for debt? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do owe money to Canada Revenue Agency? | <input type="checkbox"/> YES | <input type="checkbox"/> 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:** _____



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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?

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)

Have you attached copy of certificate to application package?

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



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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? <input type="checkbox"/> YES <input type="checkbox"/> 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)

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Employment where apprenticeship hours completed? (If applicable)		Have you worked in this trade? <input type="checkbox"/> APPRENTICE <input type="checkbox"/> JOURNEYMAN

ENSURE COPY OF TRANSCRIPT IS ATTACHED TO APPLICATION



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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.



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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:



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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 <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

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



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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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

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



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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:



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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:



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5D – PERSONAL ACHIEVEMENTS

1

ACHIEVEMENT	YEAR
-------------	------

Provide brief details of achievement:

2

ACHIEVEMENT	YEAR
-------------	------

Provide brief details of achievement:

3

ACHIEVEMENT	YEAR
-------------	------

Provide brief details of achievement:

4

ACHIEVEMENT	YEAR
-------------	------

Provide brief details of achievement:

5

ACHIEVEMENT	YEAR
-------------	------

Provide brief details of achievement:



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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:



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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



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SECTION 8 – 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? _____

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 many years)

Do you have a regular exercise program? Yes 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:



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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: _____



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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 been pardoned.

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 60306.

Regards,

James Runciman

Fire Chief



Royal Canadian
Mounted Police
Canadian Police
Information Centre

Gendarmerie royale
du Canada
Centre d'information de la
Police canadienne

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 <input type="checkbox"/> Male <input type="checkbox"/> 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



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



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

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



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 <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

ENSURE COPY OF CERTIFICATE IS ATTACHED TO APPLICATION

Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	For accredited NFPA related training <input type="checkbox"/> IFSAC <input type="checkbox"/> 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 <input type="checkbox"/> IFSAC <input type="checkbox"/> 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 <input type="checkbox"/> IFSAC <input type="checkbox"/> 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 <input type="checkbox"/> IFSAC <input type="checkbox"/> PRO-BOARD

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



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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Name of Training Provider / Institute		Training Program Completed
Year Completed	Total Hours of Training	Was there testing required to pass program? <input type="checkbox"/> Yes <input type="checkbox"/> No

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



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:



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



13E – ADDITIONAL FORMS - PERSONAL ACHIEVEMENTS

1	ACHIEVEMENT	YEAR
	Provide brief details of achievement:	

2	ACHIEVEMENT	YEAR
	Provide brief details of achievement:	

3	ACHIEVEMENT	YEAR
	Provide brief details of achievement:	

4	ACHIEVEMENT	YEAR
	Provide brief details of achievement:	

5	ACHIEVEMENT	YEAR
	Provide brief details of achievement:	

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