

# AGASSIZ FIRE DEPARTMENT

## PAID ON-CALL FIRE FIGHTER JOB REQUIREMENTS AND QUALIFICATIONS

### ALL APPLICANTS MUST

- ❑ Be a permanent resident of the District of Kent
- ❑ Be in good physical condition, able to meet the physical demands of fire fighting (undergo and pass a physical fitness test administered by the department).
- ❑ Undergo and pass a medical examination (from physician) to determine fitness as a fire fighter.
- ❑ Have no phobias of height or confined spaces.
- ❑ Have Normal vision with no colour impairment and normal hearing.
- ❑ Possess and maintain a valid BC Driver's License with a demonstrated safe driving record.
- ❑ Provide a Driving Record Check (Driver's Abstract).
- ❑ Be able to pass a RCMP criminal record check.
- ❑ Be able to communicate effectively.
- ❑ Be able to work as a team member.
- ❑ Complete the Agassiz Fire Department a six week Recruit Training program (on Thursdays and some weekends).
- ❑ Be available and regularly attend Thursday evening practice sessions (19:00 – 21:00 hours).
- ❑ Be available to respond to incidents (may occur anytime day or night, throughout the year).
- ❑ Enroll and participate in the BC Fire Fighter Program.
- ❑ Successfully complete probation period (six months).

#### **NOTE:**

**FIRE FIGHTERS ARE NOT PERMITTED TO GROW FACIAL HAIR, EXCEPT MOUSTACHE (PER WORKERS' COMPENSATION BOARD REGULATION).**

### OTHER CONSIDERATIONS

#### ADDITIONAL CONSIDERATIONS IN EVALUATING CANDIDATES

- ❑ Permanently employed in the District of Kent
- ❑ Previous fire fighting experience.
- ❑ Class 3 license with air brakes
- ❑ Grade 12 education.
- ❑ Experience in construction or mechanical trades (and operation of heavy equipment or vehicles).
- ❑ Ability to respond to daytime calls.
- ❑ Valid first aid certification.
- ❑ Be in good physical condition, able to meet the physical demands of fire fighting (undergo and pass a physical fitness test administered by the Department).

THE FOLLOWING DOCUMENTATION **MUST** BE ATTACHED TO YOUR COMPLETED APPLICATION PACKAGE. APPLICANT IS RESPONSIBLE FOR ALL COSTS INCURRED. INCOMPLETE APPLICATION PACKAGES WILL NOT BE PROCESSED.

**Please check to ensure that you have enclosed the following items with your application:**

- **Driver's Abstract (Driving Record Check) obtained from the BC Access Centre.**
- **Copy of your BC Driver's License.**

### PERSONAL RECORD

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Social Insurance No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **Education:**

Last grade completed: \_\_\_\_\_ Year completed: \_\_\_\_\_

Post Secondary: \_\_\_\_\_ Year completed: \_\_\_\_\_

How long have you resided in the District of Kent: \_\_\_\_\_

Do you have any phobias (height, enclosed spaces, etc.) Yes  No

If yes, please provide details: \_\_\_\_\_

Interests and hobbies: \_\_\_\_\_

#### **Driver's Licence Information:**

Please attach a copy of your Driver's License to this application as well as a Driver's Abstract)

BC Driver's License Class: 1 2 3 4 5 (Circle one)

Air Brakes Endorsement: Yes  No

Do you have restrictions on your driver's license: Yes  No

If yes, what numbers: \_\_\_\_\_

## EMPLOYMENT HISTORY

PLEASE PROVIDE DETAILS OF YOUR PREVIOUS EMPLOYMENT HISTORY BEGINNING WITH THE MOST RECENT.

### Employment Information:

Current occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Do you work shift work?    Yes     No     Hours of work: \_\_\_\_\_

Will your employer allow you to attend emergencies during working hours?    Yes     No

EMPLOYER'S SIGNATURE

NAME

DATE

Company Name	Dates Worked From _____ To _____
Position(s) Held	Description of Duties
Name of Supervisor	Phone Number
Reason for Leaving	May we contact employer Yes <input type="checkbox"/> No <input type="checkbox"/>

Company Name	Dates Worked From _____ To _____
Position(s) Held	Description of Duties
Name of Supervisor	Phone Number
Reason for Leaving	May we contact employer Yes <input type="checkbox"/> No <input type="checkbox"/>

## SPECIALIZED TRAINING

PLEASE LIST AND PROVIDE DETAILS OF ANY APPLICABLE TRAINING OR EXPERIENCE

- First Aid: \_\_\_\_\_
- Fire Fighting: \_\_\_\_\_
- Mechanical or Trade: \_\_\_\_\_
- Other: \_\_\_\_\_

ATTACH COPIES OF ANY/ALL SUPPORTING CERTIFICATES/DOCUMENTATION

## PERSONAL REFERENCES (Other than relatives)

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## AUTHORIZATION

*I hereby authorize the Agassiz Fire Department to review and authorize each character reference, employer and educational institution as named to provide any information about myself in regards to this application.*

*I certify that the above information as provided, is true and correct and I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the Agassiz Fire Department.*

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_