



CITY OF CHILLIWACK FIRE DEPARTMENT
Unit #2 - 45950 Cheam Avenue, Chilliwack BC V2P 1N6
Phone: 604.792.8713 Fax: 604.393.0822
www.chilliwack.com

Paid On Call Firefighters Application Information

Deadline for application: August 27, 2021

Minimum Membership Requirements:

These requirements are mandatory for selection.

- 19 years of age or older
- High school graduate or GED certificate
- Reside in the City of Chilliwack
- Current and valid BC Driver's License (Class 5 or better)
- Safe driving record as demonstrated by a Drivers Abstract. More than six points in the past three years, as of the date of the application, may eliminate an applicant from consideration
- No criminal record. A completed RCMP Criminal Record Check will be required for those that successfully pass the interview process.
- Physically and medically fit (a medical examination is required prior to fitness testing as supplied by the fire department)
- Normal vision and hearing (regular glasses cannot be worn under an SCBA mask)
- No phobias of heights or confined spaces
- Available to attend Monday night practices (7:15 p.m. – 9:15 p.m.)
- Ability to respond to calls all year
- Ability to communicate effectively in English
- Ability to use programs such as Microsoft Word, Excel, and E-Learning platforms
- No beard once accepted (prohibited for safety reasons)
- Legally entitled to work in Canada (Canadian citizen or landed immigrant)

Preferred Qualifications:

These qualifications would be a benefit to your selection but are not mandatory.

- Employed and work in Chilliwack
- Daytime response ability
- Previous firefighter experience
- Class 1 or 3 Driver's License
- Air Brake endorsement
- Current First Aid and/or CPR certification
- Trades certification (e.g., electrical, plumbing, mechanical, construction)
- Post-secondary education
- Volunteer experience with other organizations
- Reside close to your Fire Hall

Note: *All paid on-call firefighters are required to successfully complete the Recruit Training Program and a one year probation period.*

City of Chilliwack Fire Department



Name of Applicant: _____

Date of application: _____
yyyy / mm / dd

Home Telephone: _____ Cell Phone: _____

Personal Information:

Residency:

How long have you resided in the City of Chilliwack? _____

Address: _____ Postal Code: _____

Email Address: _____

Activities & Interests for Recreation:

What do you do in your spare time? _____

Medical Information:

Do you have a phobia of heights or enclosed spaces? Yes No

If yes, please provide details: _____

Do you wear corrective glasses? Yes No

Do you wear corrective contact lenses? Yes No

Can your corrective lenses be worn under an SCBA mask? Yes No

Do you wear hearing aids? Yes No

Fire Hall Locations:

(Please check the fire hall that is nearest to your residence. Not all halls accept applications each year. For more information, please visit our website: www.chilliwack.com.)

- Hall #1 45950 Cheam Avenue (Main)
- Hall #2 51235 Yale Road (Rosedale)
- Hall #3 42385 Yarrow Central (Yarrow)
- Hall #4 45433 South Sumas Road (Sardis)
- Hall #5 49285 Elkview Road (Ryder Lake)
- Hall #6 6485 Sumas Prairie Road (Greendale)

(New applicants from the Promontory area that apply and are accepted at Hall 5 will be required to provide two years continuous service at Hall 5 prior to being considered as a candidate for Hall 4.)

Employment Information:

Current Occupation: _____

Employer: _____ Start Date: _____

Employer's Address: _____

Employer's Phone No.: _____

Name of Supervisor: _____

Do you work shift work? Yes No Hours of work: _____ to _____

Explain Details: _____

Are you available for calls during the day, Monday through Friday? Yes No

Explain details: _____

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

Employer's Signature Name Date

Past Employment History:

(Please provide details of your previous employment history beginning with the most recent)

Company Name and Address		Dates Worked:	
		FROM	TO
Position(s) Held	Description of Duties		
Name of Supervisor		Phone Number	
Reason for Leaving		May we Contact Employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Name and Address		Dates Worked:	
		FROM	TO
Position(s) Held	Description of Duties		
Name of Supervisor		Phone Number	
Reason for Leaving		May we Contact Employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education:

(Please attach GED, graduation certificates, trades qualifications, diplomas, or degrees)

Last Grade Completed	_____	Year Completed	_____
Post Secondary	_____	Year Completed	_____
Technical or Trade	_____	Year Completed	_____

Specialized Training:

(Please list and provide details of any applicable training or experience)

- First Aid: Date Completed _____ Expiry Date _____
- CPR and/or AED: Date Completed _____ Expiry Date _____
- Fire Fighting: Years Served from _____ to _____
Department: _____
- Mechanical Aptitude/Experience: Please explain: _____

- Water Training / Lifeguard: _____
- Leadership Training: _____
- Other Training: Date Completed _____ Type _____
- Basic computer skills

Volunteer Work:

(Please attach copies of any/all supporting certificates/documentation)

Organization: _____ From _____ To _____

Organization: _____ From _____ To _____

Organization: _____ From _____ To _____

Driver's License 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** (no Class 7 allowable)

Air Brakes Endorsement: Yes No

Do you have restrictions on your driver's license? Yes No If yes, what numbers? _____

Do you have any points on your drivers abstract? Yes No If yes, how many? _____

NOTE: An excessive number of points (i.e., 6 points or more) reported on your driver's abstract within the last three years or a major driving infraction (e.g., dangerous driving, etc.) may eliminate you from the application process.

Personal References:

(other than relatives)

- 1) Name: _____ Phone: _____
Address: _____
- 2) Name: _____ Phone: _____
Address: _____

Are letters of recommendation included? Yes No

Authorization and Agreement:

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

I certify that the above information as provided is true and correct and that I will fulfill my obligations as stated. I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the City of Chilliwack Fire Department.

By signing the Authorization and Agreement, I confirm that I will/am:

1. Complete and be assessed as medically fit to perform the duties of a firefighter;
2. Legally entitled to work in Canada (Canadian citizen or landed immigrant); and
3. Complete Acknowledgement of Duties and Responsibilities agreement and abide by its policies, rules, and regulations.

Signature of Applicant: _____

Date: _____

Please ensure that you have completed the application in full and attached the necessary documentation to your application package. Applicant is responsible for all costs incurred.

Please check to ensure that you have enclosed with your application:

- Driver's Abstract (Driving Record Check) obtained from Access Centre;
- Copy of your B.C. Driver's License;
- Acknowledgement of Duties and Responsibilities agreement;
- Copy of your Certificate of Graduation or GED;
- Copy of your post-secondary certificates; and
- Copy of specialized training skills certifications.

Incomplete application packages may not be processed.



City of Chilliwack Fire Department
POC Firefighter

Acknowledgement of Duties and Responsibilities

Upon accepting a position as a Paid On-Call Firefighter with the City of Chilliwack Fire Department, I, _____, agree to abide by the Federal, Provincial, Local Government, and department's policies and rules and regulations, as specified in the City policies and Chilliwack Fire Department Operational Guidelines.

I understand that I will be required to retire from the Chilliwack Fire Department at sixty (60) years of age.

Failure to comply may result in my membership being terminated.

Signed:

_____/_____/_____
Year Month Day

Please Print Name

Signature