



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 15, 2025

Applications can be emailed to: firedept@chilliwack.com

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
- ☐ A completed RCMP Criminal Record Check will be required during the Recruit Training Program
- ☐ 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



Date of Application: _____

Legal Name of Applicant: _____

Preferred Name of Applicant: _____

Cellular Number: _____

Have you applied in the past? If yes, what year(s)? ☐ No ☐ Yes Year(s): _____

The Chilliwack Fire Department expects full attendance for the Recruit Training Program; however, we understand that exceptional circumstances may arise. Please indicate any known or anticipated time off between September 1, 2025 and March 31, 2026. ☐ No ☐ Yes Dates: _____

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 contact 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 who apply to Hall 5 and are accepted at Hall 5 will be required to provide two years of continuous service at Hall 5 before being considered for a transfer to 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 / SCUBA/: _____
- ☐ 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? ☐ No ☐ Yes If yes, what numbers? _____

Do you have any points on your drivers abstract? ☐ No ☐ Yes 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: _____

- 2) Name: _____ Phone: _____

* Please indicate if a reference is a Chilliwack Fire Department member

* Must include a minimum of two references and two reference letters

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;
- ☐ Two reference letters (minimum);
- ☐ 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
Paid On-Call Firefighter

Acknowledgement of Duties and Responsibilities

Upon accepting a position as a Paid On-Call Firefighter with the City of Chilliwack Fire Department, I, _____, acknowledge and agree to comply with all applicable Federal, Provincial, and Local Government legislation, as well as the policies, procedures, and operational guidelines of the City of Chilliwack and the Chilliwack Fire Department.

I understand and accept the following responsibilities:

- I am required to retire from the Chilliwack Fire Department upon reaching the age of sixty (60);
- I am expected to attend all scheduled Recruit Training Program (RTP) sessions, which include Wednesday evenings, Saturdays, and occasional Sundays;
- I must attend all scheduled Emergency Medical Assistant – First Responder (EMA FR) training sessions, unless I currently hold EMA FR or higher certification and have received prior approval. A Chilliwack Fire Department evaluation may still be required;
- I am required to maintain a minimum of 70% attendance at weekly practices to ensure continued proficiency in required knowledge, skills, and abilities;
- I must maintain the confidentiality of all incident scenes, operations, and related information;
- I will be on probation for a period of one (1) year following successful completion of the Recruit Training Program and must pass all required evaluations in order to be removed from probationary status;
- I understand that any equipment, uniforms, protective clothing, training materials, identification cards, badges, licence plates, or any other items provided to me remain the property of the Chilliwack Fire Department and must be promptly returned upon my departure from the organization.

I understand that failure to meet these responsibilities may result in the termination of my membership with the Chilliwack Fire Department.

Signed:

_____/_____/_____
Year Month Day

Please Print Name

Signature