



# APPLICATION FORM

for the position of

**Suppression Firefighter**



## PITT MEADOWS FIRE DEPARTMENT

**www.pittmeadowsfire.com**

The City of Pitt Meadows  
12007 Harris Road  
Pitt Meadows, B.C.  
V3Y 2B5

Please read the information package included prior to completing this form.  
**Please print legibly and complete this application in ink.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE : \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

DATE OF BIRTH: *DAY / MONTH / YEAR*

EMAIL ADDRESS: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT IN PITT MEADOWS? \_\_\_\_\_

ARE YOU A CANADIAN CITIZEN?  YES  NO

ARE YOU A LANDED IMMIGRANT?  YES  NO

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?  YES  NO

## AVAILABILITY

The Pitt Meadows Fire Department is committed to providing a 24-hour *volunteer* service. As such, we have a strong need for individuals who are available during normal business hours.

ARE YOU A SHIFT WORKER?  YES  NO

ARE YOU AVAILABLE DURING BUSINESS HOURS (M – F 0700-1800)?  YES  NO

ARE YOU AVAILABLE FOR PRACTICE NIGHT (Tuesday 1900-2100)?  YES  NO

## DRIVER'S LICENSE

B.C. DRIVER'S LICENSE # \_\_\_\_\_ CLASS: \_\_\_\_\_

AIR BRAKE ENDORSEMENT?  YES  NO EXPIRY: \_\_\_\_\_

ANY RESTRICTIONS?  YES  NO

If "YES", explain: \_\_\_\_\_

ANY PREVIOUS SUSPENSIONS?  YES  NO

If "YES", explain: \_\_\_\_\_

A history of previous driving suspensions does not necessarily preclude consideration for the position of firefighter. Each situation will be reviewed on the basis of its relation to this job.

**\*\* A Driving Record Abstract from the Motor Vehicle Branch must accompany this application \*\***

## PERSONAL HEALTH

DO YOU HAVE ANY MEDICAL CONDITIONS OR DISABILITIES THAT WOULD INHIBIT YOUR ABILITY TO PERFORM THE DUTIES OF A FIRE FIGHTER?  YES  NO

If "YES", explain: \_\_\_\_\_

CARECARD # : \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

**\*\*\* NOTE: A letter from your Physician, stating that you are physically and mentally able to perform the duties of a firefighter, will be required prior to the physical test.**

## CRIMINAL RECORD

Conviction for a criminal or summary offense does not necessarily preclude consideration for the position of firefighter. Convictions will be reviewed on the basis of their relation to this job.

HAVE YOU BEEN CONVICTED OF A CRIMINAL OR SUMMARY OFFENSE THAT WOULD PREVENT YOU FROM BEING BONDED?  YES  NO

If "YES", provide dates and particulars of each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* NOTE: A Criminal Record Search, conducted by the RCMP, is required of all individuals before final acceptance into the Pitt Meadows Fire Department.**

## EMPLOYMENT HISTORY

CURRENT EMPLOYER:	POSITION:
TIME AT POSITION:	CONTACT PERSON:
CONTACT NUMBER:	
PREVIOUS EMPLOYER:	POSITION:
REASON FOR LEAVING:	DATES EMPLOYED:

May we contact your current and previous employers?     YES     NO

DO YOU HAVE ANY FIREFIGHTING, FIRE PREVENTION OR RELATED, EXPERIENCE?

YES     NO

If "YES", explain: \_\_\_\_\_

## EDUCATION

Name & Location of School or Institution	Program / Courses	Highest Grade Completed (Degree, Diploma, Certificate, License)	Year left or completed
HIGH SCHOOL			
POST-SECONDARY			
POST-SECONDARY			
OTHER:			

**DO YOU HAVE A CURRENT FIRST AID CERTIFICATE?**       YES       NO

If "YES", please attach a copy to this application form.

**If you have any other education, skills, or experience which you feel may assist you in the position you are applying for, please describe them below:**

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### REFERENCES

Name of Organization	Reference Name / Position	Contact Number
1.		
2.		
3.		

**May we contact these references:**  YES       NO

### YOU AND THE FIRE DEPARTMENT

Describe your reasons for wanting to become a member with the Pitt Meadows Fire Department, and how you believe you can help the department:

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## APPLICANT'S DECLARATION

I, the undersigned, apply to become a member with the Pitt Meadows Fire Department and if accepted, will abide by the rules, policies and guidelines as established by the Pitt Meadows Fire Department and The City of Pitt Meadows.

- I agree to provide written confirmation from a Physician that I am physically and mentally able to perform the duties of a firefighter if I reach the physical test stage.
- I will sign a waiver form prior to any departmental physical testing which absolves the Pitt Meadows Fire Department of any responsibility for illness or injury as a result of such testing.
- I consent to a Criminal Record Search, to be performed by the RCMP, if I am selected for a final interview and agree to complete and sign any additional consent or other form required by the RCMP for this purpose.
- I have provided all materials and transcripts required with this application.
- I understand that my application will be held for a period of one (1) year, then destroyed.

I certify that all statements in this application are true and correct. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to membership with the Pitt Meadows Fire Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Please ensure that the following documents are attached inside of this application.</b>  <b>Photocopies (not originals)</b></p>
<ul style="list-style-type: none"> <li>◆ High School Diploma</li> <li>◆ Current B.C. Driver's License</li> <li>◆ Current B.C. Driver's Record Abstract</li> <li>◆ First Aid Certificate(s), as applicable</li> <li>◆ Post-Secondary Educational Transcripts, as applicable</li> </ul>
<p><b>*** Please note that incomplete applications will not be processed ***</b></p>

## NEXT OF KIN

\*\*In case of emergency during the application process please indicate a next of kin to contact.

Name	Relation	Home Contact #	Work Contact #

<p>The personal information on this form is collected under the authority of the Municipal Act. The information will be used for the purpose of an operating program of the City of Pitt Meadows. If you have any questions about the collection and use of this information, contact the Human Resource Officer for the City of Pitt Meadows at # 465-2448.</p>
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OFFICE USE ONLY

*All required documentation is present?*       **YES**       **NO**

*Received by:* \_\_\_\_\_      *Position:* \_\_\_\_\_