

City of Chilliwack Fire Department



Name of Applicant: _____

Address: _____ Postal Code: _____

Home Telephone: _____ Cell Phone: _____

S. I. N. _____

*** Application forms must be updated (by telephone or in person) every six months to be kept on file. ***

Date of Application: _____ Updated: _____

Fire Hall Locations:

(Please check the hall that is nearest your residence. Take note that not all halls accept applications each year. For more information, contact the Fire Department in the Fall):

- 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)

Personal Record:

Residency:

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

Where did you reside previously? _____ How long? _____

Health/Hobbies & Interests:

What do you do in your spare time? _____

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

If yes, please provide details: _____

Have you recently completed a medical fitness exam? Yes No

Do you wear glasses or contacts? Yes No

Health Care Card Number: _____

Doctor: _____ Phone: _____

Employment Information:

Current Occupation: _____

Employer: _____

Name of Supervisor: _____

Employer's Address: _____

Employer's Phone No.: _____

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

Explain Details: _____

Date started with this employer: _____

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 _____

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 7N 7L

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: A driver's abstract of more than nine points in the last three years or a major infraction (i.e. 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:

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 I understand that falsifying any information on this application is justifiable cause for my immediate dismissal from the City of Chilliwack Fire Department.

I agree to complete a criminal record check with the R.C.M.P. and a medical examination if I am accepted into the program, as well as complete an employment agreement with the City of Chilliwack Fire Department and abide by all the rules and regulations that govern the operation and Paid-On-Call firefighters.

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;**
- 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.