



MERRITT FIRE RESCUE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION

PLEASE DETACH THIS PAGE FROM THE APPLICATION AND KEEP FOR YOUR INFORMATION

GENERAL INFORMATION

Please read the information on the following pages prior to completing the Application Form. This information will outline the entrance requirements and selection procedures for the position of Paid-On-Call Firefighter for the Merritt Fire Rescue Department.

A. ENTRANCE REQUIREMENTS:

Minimum Qualifications: (Required at time of application)

1. Canadian Citizenship or Landed Immigrant.
2. Between the ages of 18 and 60 years.
3. Must be in good physical condition and able to successfully complete a physical test.
4. Hearing must be normal without aids.
5. Vision will be according to the standards established by the Superintendent of Motor Vehicles as a prerequisite for a Class 3 Driver's License.
6. Must live within 12 km of the City of Merritt at time of application.
7. Possess a favorable criminal record that will not bring the fire department into disrepute or hampers one's ability to obtain a First Responder's Medical License.
8. A favorable Driver's Abstract that has less than 6 points in any one year or less than 9 points in the five year history and must not have any 214/215 suspensions or any other impaired driving conviction or any Superintendent of Motor Vehicle caused suspension.

B. PREFERRED QUALIFICATIONS:

1. Availability to respond to daytime emergencies.
2. Advanced First Aid Training.
3. Previous firefighting or other related work.
4. Class 1 & 3 Driver's License or air brake endorsement.
5. NFPA 1001 or 1002 certification.
6. Post Secondary Academic Diploma.
7. Technical, Trades or equivalent level.
8. Considerable Mechanical Aptitude
9. Agility and strength to perform prolonged and arduous work under adverse conditions.
10. Ability to react quickly and remain calm under duress.

PAID-ON-CALL FIREFIGHTER: NATURE AND SCOPE OF WORK

POC Firefighters are responsible for the combating, extinguishing and prevention of fires and saving of life and property within the City of Merritt Fire Protection Boundaries to Department standards. POC Firefighters participate in training as required by the Department training program.

Without restricting the general nature and scope of the work, the following are illustrative examples of work which may be expected in the classification of Paid-On-Call Firefighter:

1. Is prompt to all meetings and training.
2. Familiarizes themselves with and abides by fire department procedures, rules and regulations.
3. Familiarizes themselves with the handling, care and maintenance of all department equipment.
4. Attends promptly when the alarm is sounded.
5. Lays and connect hose, directs water streams, raises and climbs ladders, uses portable extinguishers, self-contained breathing apparatus, and all other firefighting, rescue, tools and equipment.
6. Searches for and rescues persons from danger.
7. Ventilates premises to release heat and smoke; places salvage covers to prevent water damage.
8. As assigned, drives and operates motor driven firefighting apparatus.
9. Remains on the scene of an incident until given permission to leave by the officer-in-charge.
10. Returns to the fire station after incidents and practices to assist in cleaning of equipment and making the apparatus and equipment ready for the next alarm; reports the loss or damage of apparatus or equipment.
11. Cleans and maintains his/her own equipment and ensures its ready state.
12. Ensures his/her name has been recorded on the attendance sheet for alarms and training.
13. Serves on any committee to which he/she may be elected or appointed.
14. Maintains a 75% annual attendance to regularly scheduled training. **(100% during probation)**
15. Performs related duties as required.



**MERRITT FIRE RESCUE DEPARTMENT
PAID-ON-CALL FIREFIGHTER APPLICATION
INFORMATION CHECK SHEET**

This check sheet is to ensure that your application is as complete as possible.

Please ensure the following documents are attached to this application:

- Ensure all of the application is complete.
- Letter from your Doctor stating your ability to perform the "Practical Evaluation".
- Signed and Witnessed, "*DEED OF RELEASE FOR PRACTICAL EVALUATION*".
- Current within 10 days, driver abstract attached.
- Photocopy of your driver's license; both sides.
- Copies of Transcripts referred to in your application.
- Copies of all course Certificates referred to in your application.
- Consent for Criminal Record Check has been detached and submitted to the Merritt RCMP.

I CONFIRM THAT MY APPLICATION IS COMPLETED TRUTHFUL AND CORRECTLY, ADDITIONALLY, I AGREE TO ABIDE BY THE RULES, REGULATIONS, POLICIES, PROCEDURES, GUIDELINES AND BYLAWS THAT GOVERN THE MERRITT FIRE RESCUE DEPARTMENT AND ITS MEMBERS.

Date Received

Signature of Applicant _____ Date _____

**RETURN TO: MERRITT FIRE RESCUE DEPARTMENT
1799 NICOLA AVENUE
BOX 189
MERRITT, B.C.
V1K 1B8**

ALTERNATIVELY APPLICATIONS MAY BE HAND-DELIVERED TO 1799 NICOLA AVENUE, MONDAY TO FRIDAY, BETWEEN 8:30AM – 4:30 PM.

IMPORTANT: In order to prevent delays in reviewing your application:

- Answer every question on the form clearly and completely.
- All information must be attached or your application will not be accepted.

Any false, erroneous, or misleading answers or statements will cause for rejection of this application, removal of your name from the eligible list or discharge from the department.



MERRITT FIRE RESCUE DEPARTMENT PAID-ON-CALL FIRE FIGHTER APPLICATION

SECTION 1 – GENERAL INFORMATION: (Please Print)

Name in Full: _____
Surname First Middle

Date of Birth: _____
Year / Month/ Day

Current Residential Address:

Unit # Street Number Street Name City Postal Code

Phone Numbers HOME: _____ WORK: _____ CELL: _____

Email Address: _____

Check Appropriate Column

Canadian Citizen?	Yes	No
Landed Immigrant?	Yes	No

Driver's License No:	Expiry Date:
Province:	Air Brake Endorsement?
Class:	Restrictions:

CRIMINAL RECORD

NOTE: Charge or conviction of an offence does not necessarily preclude consideration for the position of firefighter. Any violation will be judged on the basis of its relation to this occupation.

Have you ever been charged or convicted of any of the following?

1. Criminal Code Offence, or YES NO
2. Motor Vehicle Act Offence, or YES NO
3. A Fishery or Wildlife Act Offence, or YES NO
4. Any other Federal or Provincial Statute Offence? YES NO

If "YES" give date and state offense:

Do you authorize the Merritt Fire Rescue Department to conduct a criminal records check as part of your pre-employment status with the Merritt Fire Rescue Department. The personal information collected on this form will be used solely for the purposes of processing the employment application and in certifying the criminal record check.

Signature of Applicant: _____ Date: _____

Consent for Disclosure of Criminal Record Information Form is attached to this application. Separate, complete in full and submit to the Merritt RCMP Station for review.

SECTION 2 – STABILITY AND AVAILABILITY:

How many years have you resided in Merritt? _____

How many years have you resided at your present address? _____

- Describe your living arrangements, do you:
- Own
 - Rent
 - Board
 - Live with Parents

Marital Status:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Common-law
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Children:

Do you have children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, do they live with you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, what are their ages?		

Is your spouse employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, is the employment?	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual

IF yes, Describe the shift pattern.	<input type="checkbox"/> Days	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Nights	<input type="checkbox"/> Rotates Day/Nights	<input type="checkbox"/> Rotates Days
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In order to provide a view of your availability complete the following chart. Note each time block should have something written in it. During an average two week period of time, (i.e. the last two weeks), please indicate the following:

Work Hours	Childcare	Sport/Recreation	Sleeping
Leisure/Hobbies	Chores	Free Time	*Able to Respond *

WEEK ONE

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
00:00 to 06:00							
06:00 to 12:00							
12:00 to 18:00							
18:00 to 22:00							
22:00 to 24:00							

WEEK TWO

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
00:00 to 06:00							
06:00 to 12:00							
12:00 to 18:00							
18:00 to 22:00							
22:00 to 24:00							

SECTION 3 – EMPLOYMENT

Current Position Title: _____

Is your Position? Full Time Permanent Part Time Casual

Employer Name: _____

Address: _____

Phone: _____

Immediate Supervisor: _____

May we contact your immediate supervisor? Yes No

Dates Employed: From: _____ To: _____

Work Schedule: Days _____ Afternoons _____ Nights _____

Shift Rotation: No. of days on? _____ No. of days off? _____

Job Duties:

Do you have your employer's consent to attend emergencies during business hours? YES NO

Explain:

Previous employment – Provide complete employment history for the period of the **last five years**
(Attach additional sheets if necessary)

Position Title: _____

Employer Name: _____

Address: _____

Phone: _____

Dates Employed: From _____ To: _____

Job duties:

Reason for leaving:

Do you have any regular or occasional work besides your main job? YES NO

If yes, what kind of work: _____

REFERENCES: (Two people not related by blood or marriage)

May we contact any current or past employer for references? YES NO

If no, please explain:

Reference #1

Name: _____

Address: _____

Phone: _____

Reference #2

Name: _____

Address: _____

Phone: _____

May we contact these references and ask them questions regarding your character? YES NO

SECTION 4 - HEALTH AND LIFESTYLE DATA

In general, rate your health: Excellent Good Fair Poor

How many days of work have you missed due to illness/ injury in the last two years? _____

Do you presently take any prescription drugs, which might affect your performance on physical or written tests? YES NO

Do you smoke? YES NO Explain: _____

Do you drink alcohol? YES NO Explain: _____

Do you participate in sports? (Indicate frequency and for how many years)
If yes, would these sports programs affect your ability to attend regular training?

Do you have a regular exercise program? YES NO

If yes, please describe and indicate frequency and for how many years.

What leisure or recreational activities do you pursue? (Indicate frequency and for how many years)

Have you had any serious injuries or accidents? YES NO

If yes, provide details:

Do you have any medical disabilities? YES NO

If yes, provide details:

Do you require visual aids? YES NO **If yes**, describe

Do you have any colour vision impairment? YES NO **If yes, please explain**

Do you have any hearing impairment? YES NO **If yes, please explain**

SECTION 5 – EDUCATION AND LIFE EXPERIENCE

Have you ever been a member of any Fire Department, Rescue Squad or similar organization?

YES NO

Response Type (check all applicable): Fire Department Rescue Medical

Name and Address of Department _____

Date of Service:

From _____ To _____

Reason for leaving

List of all relative training (attach copies of certificates)

If yes, (previous question). List types of equipment you were trained to use: (specify licenses or certificates and attach copies where applicable) and also indicate dates.

SCBA Small Tools Ladders Gas Power Tools
 Pumps Fire Hoses Driving Apparatus Hydraulic Rescue Tools

High School: Have you completed Grade 12? YES NO

Name of School: _____

Highest Grade Completed _____ Year _____

Post Secondary School: (attach copies of certificates or transcript)

Name of School: _____

Program: _____

Completed? YES NO Dates: From _____ to _____

Any relevant courses, certificates, etc. (including apprenticeships) (attach copies of certificates)

a. Do you hold any First Aid Certificates? (attach copies of certificates) YES NO
Ticket _____ Expiry Date _____

b. Can you swim? YES NO

Do you have any Life Saver Training? (attach copies of certificates) YES NO
Certificate _____ Date _____

c. Other

Volunteer Experience – If more than one use additional information sheet.

- Military Cadets Sports/Coaching Big Brothers/Sisters Aux. Police
 Neighborhood Watch Scouts/Guides Other Community Groups

Name _____ Dates From _____ To _____

Contact/ Reference: _____

Duties/Role:

**Merritt Fire Rescue Department
Paid-on-Call Firefighter Applicant**

DEED OF RELEASE FOR PRACTICAL EVALUATION

I, the undersigned applicant, acknowledge that I have been warned that undergoing physical tests described in the application information can be dangerous to my health if I am not in good health and physical condition. I hereby certify that I have satisfied myself that undergoing such tests will not be dangerous to my health.

To the best of my knowledge, I do not at present have an illness of any nature whatsoever.

In consideration of the Merritt Fire Rescue Department considering my application for paid-on-call firefighter, I expressly agree that it is my sole responsibility to determine whether I can undertake such tests with danger to my health.

I release and discharge the City of Merritt, Merritt Fire Rescue Department and its Officers, servants, consultants and advisors from any and all claims, damages and actions of every nature for or in respect of anything done or omitted to be done in connection with the establishment or supervision of the physical fitness tests, or the advice as to their nature and possible danger to my health, whether or not such act or omission shall constitute negligence, and in particular from any and all injuries, including death, which may result from my performing or attempting to perform such tests.

IN WITNESS WHEREOF, I have set my hand this _____ day of
_____ 20_____.

Signed in the presence of:

Witness

(print full name)

(signature of applicant)

(print full name)

Practical Entrance Evaluation

Each Candidate shall provide a letter from their family doctor confirming their ability to perform the physical test for entrance into the Merritt Fire Rescue Department.

Each Candidate shall sign the “DEED OF RELEASE FOR PRACTICAL EVALUATION” prior to attempting the physical evaluation.

Each Candidate must complete the following circuit in the duration of one half hour (30 minute) air cylinder that is provided with the departmental breathing apparatus. One-hour cylinders cannot be used.

Each Candidate will wear full protected clothing, completely donned and secured, along with an S.C.B.A. unit donned with a full air cylinder. Then in the following order, complete the circuit as listed in order of stations provided below.

Automatic failure will result if the candidate removes their SCBA mask during the evaluation.

Station 1

Carrying one 65mm hose roll, the Candidate must climb a 24' extension ladder that is erected against the fire hall on the furthest point of the northeast wall of the Fire Hall, to the roof top. When on the roof of the Fire Hall, the Candidate will proceed across the roof and make their way onto the second level of the roof to a point where the second station is.

Station 2

Each Candidate will raise a 65mm hose roll from grade, hand over hand, directly beside Engine No. 10 bay to a point where it clears the roof sill, then lower the 65mm roll, hand under hand, back to touch grade and again raise the 65mm hose roll onto a resting spot on top of the roof. Each Candidate will then proceed back across the roof to the ladder and descend the ladder to grade. Each candidate will then make their way to the third station.

Station 3

Each Candidate will pickup the 9 lbs. sledge hammer and while striking the 170 lbs. I-Beam, move the I-Beam the distance of half the length of the I-Beam as marked out on the ground. Once the beam has been moved the required distance each Candidate will make their way to the fourth station.

Station 4

Each Candidate will pickup the nozzle end of the 38mm charged hose line and drag to a line marked 75 feet away; turn and open the nozzle, directing the stream at a designated target. Once the target has been hit, each candidate will then proceed to the fifth station.

Station 5

Each Candidate will secure the 185lb Rescue Randy Training Dummy and drag him a distance of 30m to a line marked on the pavement. Time will stop when the dummy has completely passed over the finish line.



Royal Canadian Mounted Police

Gendarmerie royale du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

PART 1

IF COMPLETED MANUALLY, PLEASE PRINT

Surname		Given name (1)		Given name (2)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Tel. no. (incl. area code)	
Address (no., street, apt.)			City		Province		Postal code		
Date of birth (yyyy-mm-d)		Place of birth		Driver's licence no.		Usual first name or alias		Maiden name/Any other Surname	
Previous address if less than 5 years at current address Address (no., street, apt.)			City		Province		Postal code		

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name DAVID TOMKINSON		Title FIRE CHIEF		Name of organization CITY OF MERRITT	
Address (no., street, apt.) BOX 189, 1799 NICOLA AVE.		City MERRITT		Province BRITISH COLUMBIA	
				Postal code V1K 1B8	

PART 3

WAIVER AND RELEASE:
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.
Signed this _____ day of _____ Signature of applicant _____

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. ****A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

**INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2**

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information **MUST** be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. <small>RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.</small>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. <small>RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.</small>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. <small>RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.</small>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. <small>RCMP: Make Persons Queries on PIRS, CPIC, PROS, PRIME and LEIP. In view of the general nature of this information, confirm with requester this is in fact information pertaining to number. Requester MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.</small>	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date
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