



# PAID ON CALL FIREFIGHTER APPLICATION

City of Terrace Fire Department  
3215 Eby Street  
Terrace, BC V8G 2X8  
(250)638-4734





# City of Terrace

3215 Eby Street Terrace, British Columbia V8G 2X8

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Thank you for your interest in becoming a Paid-On-Call Firefighter with the City of Terrace. We are committed to recruiting talented and motivated individuals, who possess a high level of integrity, to serve our community.

Our citizens place their trust in the Terrace Fire Department, and it is important that our members have a strong commitment to professionalism both on and off duty. It is our aim to select volunteer firefighter recruits who demonstrate that they will honor our standards and value our vision and mission statement.

As Fire Chief of Terrace Fire Department, I am committed to providing the most effective and most efficient fire protection for our community. You will find that participation as a Paid-On-Call Firefighter in our service will bring personal rewards and satisfaction, raise self-esteem, and give you a tremendous sense of accomplishment for a job well done. It will also provide the City of Terrace with a valuable service.

Service as a Paid-On-Call Firefighter of Terrace Fire Department requires a serious commitment; however, your decision to join us should not be made quickly. Careful consideration should be made of the many factors associated with becoming a member of the fire service. Should you decide to apply, it is important to understand that the competition will be strong. Strong competition results in strong candidates and strong candidates produce quality firefighters. Preparation, combined with a positive attitude and solid foundation are essential to your success.

The service provided by our fire department is truly valuable to the citizens of, and I hope you can contribute to our public safety.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chad Cooper', is written over a light blue horizontal line.

Chad Cooper  
Fire Chief  
Terrace Fire Department



# CITY OF TERRACE FIRE DEPARTMENT

## APPLICATION FOR PAID-ON-CALL FIREFIGHTER

### Notice of Collection of Personal Information

Personal information requested on this form is collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* as part of the application process for volunteer firefighter and for administration purposes. If you have questions about the collection of the information requested on this form, please contact the City's Freedom of Information Coordinator (250)638-4721.

### SECTION A: NAME AND CONTACT INFORMATION

1. FIRST NAME:	2. LAST NAME:
3. HOME ADDRESS:	
4. HOME PHONE:	5. CELL PHONE:
6. EMAIL ADDRESS:	7. DRIVING DISTANCE FROM YOUR HOME TO THE FIRE STATION: _____ kms

### SECTION B: BASIC REQUIREMENTS

	CIRCLE ONE	
8. Do you currently live within the City of Terrace?	YES	NO
9. Are you 19 years of age or older?	YES	NO
10. Do you believe you are free of medical conditions that may preclude your participation as a Paid-On-Call Firefighter?	YES	NO
11. Have you obtained a criminal record check within the past 6 months? <i>(Note: If you have a criminal record you will be asked to provide details)</i>	YES	NO
If you do not have a recent criminal record check document please do not proceed with requesting one until asked to do so.		
12. Do you have a valid B.C. Driver's Licence? <i>If 'Yes' please attach an abstract and a photocopy of your Driver's Licence. If you have ever had your licence suspended, please attach a note with an explanation.</i>	YES	NO
13. Do you have a valid B.C. Air Brake Endorsement? <i>If 'Yes' please attach an abstract and a photocopy of your Driver's Licence.</i>	YES	NO

## SECTION C: AVAILABILITY

14. Are you willing and able to participate in a <u>minimum</u> of 2.5 hours of weekly practice and maintain a <u>minimum</u> annual attendance rate of 60% or greater?	YES	NO	
15. Are you willing and able to participate in the occasional weekend training program?	YES	NO	
16. Do you understand that in order to be available for emergency callouts that you must be able to arrive at the Fire Station promptly and have abstained from alcohol and drugs for the previous 12 hours?	YES	NO	
17. Are you willing and able to retain and wear an emergency pager so that if available you could respond to emergencies 24 hours per day, seven days per week, 365 days per year?	YES	NO	
18. Please place a check mark next to the times that you are <u>in Terrace</u> and available to respond to emergencies:			
Monday to Friday	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM	<input type="checkbox"/> 6 PM to Midnight
Saturday and Sunday	<input type="checkbox"/> Midnight to 6 AM	<input type="checkbox"/> 6 AM to 6 PM	<input type="checkbox"/> 6 PM to Midnight
19. Please place a check mark next to the average amount of time that you are willing and able to spend on a weekly basis on firefighting related activities? <i>(For example: practice sessions, participation in courses, self-study, public events and fire/rescue responses)</i>			
<input type="checkbox"/> 2 hours or less	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-6 hours	<input type="checkbox"/> 6+ hours
20. Please place a check mark next to your primary means of transportation to and from the Fire Station.			
<input type="checkbox"/> Walking/Running	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Drive own vehicle	<input type="checkbox"/> Other <i>(Please explain)</i>

## SECTION D: EMPLOYMENT

21. Are you currently employed? <i>(Circle one)</i>	YES	NO
22. Do you currently work in Terrace?	YES	NO
23. Are you a shift worker? <i>(If 'Yes' please describe your shift schedule):</i>	YES	NO
24. Is your place of employment located in Terrace?  If 'Yes', are you available for emergency callouts during your hours of work? <i>If you are available for emergency callouts, please provide the name and address of your employer(s) below:</i>	YES	NO
	YES	NO

**SECTION D: EMPLOYMENT (cont'd)**

25. Have you attached a current resume & cover letter?

YES

NO

**SECTION E: EDUCATION AND TRAINING**

26. What is the highest grade that you have completed?

27. Do you have any post-secondary education?

*If 'Yes', please describe below:*

YES

NO

28. Please place a check mark next to any of the following training that you have completed, briefly explain the training, and attach photocopies of current certificates:

**Firefighting** *(Explain)*

**Rescue** *(Explain)*

**First Aid** *(Explain)*

**Other** *(Explain)*

## SECTION F: PERSONAL ATTRIBUTES

PLEASE INDICATE THE DEGREE TO WHICH THE FOLLOWING STATEMENTS DESCRIBE YOU:			
29. I am honest, trustworthy, reliable, and accountable.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
30. I want to learn and understand how to apply safe firefighting practices.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
31. I have a healthy lifestyle. (No drugs, no drinking to excess, safe driving record, no criminal behavior)	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
32. I prefer spending time with groups of people rather than being on my own.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
33. I can take direction, follow instructions, and accept constructive criticism.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
34. I am dependable and almost always arrive on time.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
35. I can stay calm in emergency situations.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
36. I am willing to help people in emergency situations.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
37. I am a team player, willing and able to fulfill my role for the benefit of the team.	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me
38. I am very interested in becoming a member of the Terrace Fire Department and am confident that my behavior is consistent with the firefighter's public image (Example: trusted, dependable, reliable, helpful, and respected).	<input type="checkbox"/> Not Really	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Yes, this is me

## SECTION G: WILLINGNESS

39. Are you willing to participate in the mandatory medical check required of potential Paid-On-Call firefighters?	YES	NO
40. Do you understand that Paid-On-Call firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in a physical fitness-related test as part of the selection process?	YES	NO
41. Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? (Moustache and short sideburns are acceptable as long as they don't affect the seal)	YES	NO

## SECTION H: DISABILITIES

42. Do you have any disabilities that may require accommodation? <i>(If 'Yes' please attach a note to explain)</i>	YES	NO
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## SECTION I: REFERENCES

43. Is it permissible for fire station personnel to contact your current employer as a reference? <i>If 'No', please explain:</i>	YES	NO
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Please provide three references.

Your references should have known you for at least three years and not be related to you.

<b>44. REFERENCE #1</b>	
FIRST NAME:	LAST NAME:
TITLE and COMPANY NAME: <i>(If a previous employer)</i>	
ADDRESS: <i>(Number, street, city, province, postal code)</i>	
PHONE:	CELL PHONE:
EMAIL ADDRESS:	RELATIONSHIP TO YOU:

<b>45. REFERENCE #2</b>	
FIRST NAME:	LAST NAME:
TITLE and COMPANY NAME: <i>(If a previous employer)</i>	
ADDRESS: <i>(Number, street, city, province, postal code)</i>	
PHONE:	CELL PHONE:
EMAIL ADDRESS:	RELATIONSHIP TO YOU:



**46. REFERENCE #3**

<b>FIRST NAME:</b>	<b>LAST NAME:</b>
<b>TITLE and COMPANY NAME:</b> <i>(If a previous employer)</i>	
<b>ADDRESS:</b> <i>(Number, street, city, province, postal code)</i>	
<b>PHONE:</b>	<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>	<b>RELATIONSHIP TO YOU:</b>

**SECTION J: SIGNATURE**PLEASE READ CAREFULLY BEFORE SIGNING:

I understand that the personal information contained on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose for which that information was obtained or compiled, or for a use consistent with that purpose. I also understand that my application for volunteer firefighter will be held current for 18 months after which time it will be destroyed unless I have been successfully recruited by the Fire Department.

Signature:

Date:

**SECTION K: ATTACHMENTS CHECKLIST**

- CURRENT BC DRIVER'S LICENCE, CLASS 5 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENCE
- CURRENT BC DRIVER'S LICENCE, CLASS 3 ABSTRACT WITH A PHOTOCOPY OF YOUR DRIVER'S LICENCE (IF APPLICABLE)
- IF YOU HAVE EVER HAD YOUR DRIVER'S LICENCE SUSPENDED, PLEASE ATTACH A NOTE TO EXPLAIN
- CURRENT CRIMINAL RECORD CHECK (SEE PAGE 1 FOR DETAILS)
- RESUME AND COVER LETTER
- CURRENT CERTIFICATES FOR FIREFIGHTING, RESCUE, OR FIRST AID TRAINING
- INFORMATION REGARDING ANY DISABILITIES THAT YOU HAVE THAT MAY REQUIRE ACCOMMODATION

**Thank you for applying for Paid-On-Call Firefighting with the Terrace Department. Should you have any questions or concerns about your application, or the recruitment process please contact:**

**Chad Cooper**  
**FIRE CHIEF**  
**Telephone: 250-638-4734**  
**Email: [firehall@terrace.ca](mailto:firehall@terrace.ca)**