



County of Grande Prairie Regional Fire Service
10808 100th Ave, Clairmont, Alberta T0H 0W0
Telephone: (780) 532.9727 • Facsimile: (780) 567.5578
Website: <http://www.countygp.ab.ca/fire>



PAID-ON-CALL FIREFIGHTER APPLICATION

Carefully read the following:

Due to the large number of applications anticipated for the position of Paid-on-Call Firefighter the following application rules MUST apply.

- 1. The County of Grande Prairie Regional Fire Service will only accept this application form NOT resumes.**
- 2. Please attach only the documentation requested to the back of the application, in the order indicated. DO NOT attach documentation not requested on this application form. ONLY attach COPIES of documents. Additional documentation may be requested later in the recruitment process.**
- 3. After filling out each page and attaching the requested documentation to the back of the application, attach all pages together securely and in order with a staple or a paper clip.**
- 4. Failure to follow these instructions or adding materials not requested may result in your application being rejected.**
- 5. If you have any questions regarding this application please us at firerecruitment@countygp.ab.ca or 780.532.9727**

PERSONAL INFORMATION

Name in Full (Please Print)			Date of Application (yyyy-mm-dd)
(Surname)	(First)	(Middle)	
Address - Street			Primary Telephone
City	Province	Postal Code	Alternate Telephone
Email:			

REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS

18 years of age on or before date of application?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Legally Entitled to Work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Canadian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a Canadian Citizen -----> Documents must be available upon request	Landed Immigrant Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/> Work Visa: Yes <input type="checkbox"/> No <input type="checkbox"/>
Grade 12 or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)
Fire Service Education: (please mark with a check, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)	
NFPA 1001 Firefighter II (IFSAC or ProBoard)			
NFPA 472 Operations (IFSAC or ProBoard)			
First Aid Certificate Standard First Aid <input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> Paramedic License <input type="checkbox"/> Other (Please specify)			
CPR (Health Care Provider) Level C with AED			

If applicable please attach a COPY of:

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
2. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
3. First Aid / Emergency Medical Responder Certification (Current)
4. CPR (Health Care Provider) Level C with AED Certificate (Current)

REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS, continued

Drivers License Information

Do you possess a valid Class 1 or 3 AB Drivers License? Yes No

• Drivers License Number: _____

What Classes of License do you possess?

1 2 3 4 5 6

Do you have any restrictions on your driver's license? Yes No

If Yes EXPLAIN: _____

Do you have an air brake endorsement? Yes No

Present number of points showing on drivers abstract: _____

Have you had any provincial or criminal driving suspension? Yes No

If "Yes", please explain: _____

Firefighter Candidate Physical Ability Test (CPAT)

Successful completion of fire fighter Candidate Physical Ability Test (CPAT) within past year?

Yes No Test Date: _____

Criminal Record Search

DO YOU CONSENT TO A CRIMINAL RECORD SEARCH? (vulnerable sector person of trust) Yes No

Note: Consent is a requirement for consideration for hiring.

(Note: conviction for a criminal or summary offence does not necessarily preclude consideration for the position of firefighter. Convictions will be reviewed on the basis of their relation to this occupation).

Have you been convicted of a criminal or summary offence for which you have not received a pardon? Yes No

If yes, give date and particulars of each: _____

Have you received a pardon? Yes No Date: _____

Particulars: _____

Please attach a COPY of:

1. Recent Criminal Record Check, including Vulnerable Sector Check (6 months or less)

DESIRABLE TRAINING AND EXPERIENCE

Post-secondary education or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)

Advanced Fire Service Training:	Name and Location of School	Date Completed (yyyy-mm-dd)
Fire Prevention Inspector I		
Fire Service Instructor I		
Fire & Life Safety Educator I		
Fire Officer I		
Fire Officer II		

Other Fire Service Courses: (please mark with a check, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)
Auto Extrication <input type="checkbox"/>		
Rope Rescue <input type="checkbox"/>		
Confined Space Rescue <input type="checkbox"/>		
Hazardous Materials <input type="checkbox"/>		
Incident Command <input type="checkbox"/>		
Critical Incident Stress <input type="checkbox"/>		

Other Desirable Traits

Do you have training or experience at the technical trades or equivalent? Yes No

• Please explain: _____

Are you a non-smoker? Yes No

Firefighter Experience

Do you have Firefighter experience? Yes No

If "Yes", state location: _____

Start Date: _____ End Date: _____ Length of Service: _____

Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

OTHER TRAINING AND EXPERIENCE (not mentioned previously)

NAME AND LOCATION OF SCHOOL OR INSTITUTION	COURSE, PROGRAM, MAJOR FIELD	CREDITS, GRADE, CERTIFICATE, DIPLOMA DEGREE ATTAINED	DATE COMPLETED (yyyy-mm-dd)	
VOCATIONAL OR TRADE SCHOOL OR TRADES QUALIFICATION				
TECHNICAL INSTITUTE OR COLLEGE				
OTHER EDUCATIONAL INFORMATION				

Other Fire Service Training:	Name and Location of School	Date Completed (yyyy-mm-dd)

(attach separate sheet if more room required)

Related Skills, Knowledge And Abilities

Language (s) other than English in which you are fluent: _____

Speak Read Write Sign None

Any other knowledge, abilities, skills and personal qualities not covered elsewhere, e.g. computer skills.

Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

EMPLOYMENT HISTORY:

In chronological order – starting with most recent work.

Include times of self-employment, unemployment, extended travel or apprenticeship

➤ If you indicated previous Fire Service experience, include the name and phone number of your Chief Officer in your **EMPLOYMENT HISTORY** so they can be contacted as a reference.

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	Are you a shift worker? If so, what hours do you work?
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number _____		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number_____		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number_____		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number _____		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

NOTE: Additional references may be required and must be provided upon request.

COUNTY OF GRANDE PRAIRIE REGIONAL FIRE SERVICE
MEDICAL RELEASE FORM

Applicant: _____ **(Please print)**

Purpose:

The purpose of this document is to ensure that the person named above (applicant) is medically fit to undertake firefighting activities. A brief summary of the physical demands for the training courses and position is provided below. Further information may be obtained by contacting the office of the Fire Chief for the County of Grande Prairie Regional Fire Service.

Summary of Physical Demands:

This position will include activities that include, but are not limited to, structural firefighting, pre-hospital patient care, rescue and extrication, confined space and wild-land firefighting. Some of the major stressors are outlined below:

1. Tolerating extreme fluctuations in temperature while performing duties. Firefighter are required to perform physically demanding work in hot (up to 150°C or 400°F), humid (up to 100%) atmospheres while wearing personal protective equipment that significantly impairs thermoregulation. (Core body temperatures can reach up to 40°C after 20 min of hard work).
2. Wearing firefighting clothing and equipment that weighs at least 22 kg (50 lbs.) while performing firefighting work.
3. Performing physically demanding work while wearing positive pressure self-contained breathing apparatus (SCBA) which presents a significant resistance to expiratory flow and may reduce peak exercise ventilation by approximately 15%.
4. Making rapid transitions from rest to near maximal exertion without warm-up periods.
5. Operating in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
6. Using hose, ladders, and manual or power tools that weigh up to 45 kg (100 lbs.).
7. High levels of cardiovascular stress as evidenced by average heart rates of 70% of the age-predicted maximum during firefighting activities with brief, repeated periods of near maximal heart rate (90+%).

A medical doctor must review the above information; a letter must be prepared on the physician's stationery, signed and dated by the physician. This letter **must** include the following statement:

I have reviewed the description of the County of Grande Prairie Regional Fire Service's summary of physical demands and hereby certify that _____ can safely perform all aspects associated with the position of firefighter.

The information collected on/attached to this form is recognized as personal information as referred to in the FOIP Act. This personal information is collected pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to determine eligibility and/or suitability for a position with the County of Grande Prairie Regional Fire Service. If you have any questions or concerns regarding the collection and the intended purposes, please contact the FOIP Coordinator, at 10001-84 Avenue Clairmont, AB T0H 0W0 or at 780.532.9727

APPLICANT DECLARATION

I certify that all statements in this document are true and correct. I understand and acknowledge there is zero tolerance for deceit, dishonesty or non-disclosure of information relating to the questions in this application. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to employment with the County of Grande Prairie Regional Fire Service.

Signature: _____ Date: _____

Home Phone Number: _____

E-mail Address: _____

Please forward your completed application form to:

County of Grande Prairie Regional Fire Service
Attention: Paid On-Call Firefighter Recruitment
10808 100th Ave
Clairmont, AB
Fax: (780) 567.5578
Email: firerecruitment@countygp.ab.ca

DATE

SIGNATURE OF APPLICANT

Note: Ensure all pages are assembled in order 1 – 10 and all required attachments are ordered 1-2 as indicated above behind page 10 of this application. The application may now be stapled together.

IF APPLICABLE PLEASE ENSURE ALL OF THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH THIS APPLICATION ARE CLEAR PHOTOCOPIES. (unless otherwise specified)

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
 2. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
 3. First Aid / Emergency Medical Responder Certification (Current)
 4. CPR (Health Care Provider) Level C with AED Certificate (Current)
 5. Recent Criminal Record Check, including Vulnerable Sector Check (**CRC/VSC MUST NOT BE MORE THAN 6 MONTHS OLD**)
 6. Medical Release Form filled out by a licenced physician and accompanying letter from physician.
- Use your legal name on all documents (enclose copies of any name change documents).
 - Ensure that all boxes on the application have been filled out or check marked.
 - Any areas within the application form that do not apply to you, **must** be marked **N/A**.
 - **Be SURE the application is COMPLETE before submitting it.**