



MERRITT FIRE RESCUE DEPARTMENT PAID-ON-CALL FIREFIGHTER 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 be 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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Motor Vehicle Act Offence, or | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. A Fishery or Wildlife Act Offence, or | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Any other Federal or Provincial Statute Offence? | <input type="checkbox"/> YES | <input type="checkbox"/> 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
---------------------------------	----------------------------------	----------------------------------	------------------------------------	-----------------------------------	-------------------------------------

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
--	-------------------------------	-------------------------------------	---------------------------------	---	---------------------------------------

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)

Physical Agility Testing

Recruit: _____

Examiner: _____

General Information

- The seven (7) station physical agility test is a pass/fail test based on a validated maximum total time of 10:00 minutes.
- Throughout testing, the candidate will wear a turn-out coat, Self-contained Breathing Apparatus with a 45-minute air cylinder to provide the additional weight that firefighters must work with on the fire-ground.

In addition, the candidate must wear long pants, a structural fire helmet, work gloves and foot wear which does not have an open heel or toe. Watches and jewelry are not permitted to be worn.

- All testing stations were designed to obtain the necessary information regarding physical ability. The tools and equipment were chosen to provide the highest level of consistency, safety and validity in measuring the candidate's physical abilities.
- The events are placed in a sequence that best simulates fire scene events while allowing approximately an 85 foot walk between stations. To ensure the highest level of safety, **no running is permitted**. Walking between stations allows approximately 20 seconds for recovering and regrouping between individual stations. A warning will be given for running; a second warning constitutes failure.
- Candidates are provided an opportunity to attend an information session prior to testing which details the physical agility test and failure points. Candidates will also be offered the opportunity to practice the individual components of the test. It is the candidate's responsibility to ask questions if any part of the testing is not understood.

Test Forms

Prior to taking the physical agility test, each candidate must present valid identification, have submitted a signed and witnessed "DEED OF RELEASE FOR PRACTICAL EVALUATION" and submitted a letter from your Doctor stating their ability to attempt the "Physical Agility Testing". At the conclusion of the physical agility testing the candidate must sign the physical agility test form.

Station I - Stair Climb with High Rise Pack

Candidate while carrying a hose pack (one - 50 foot section of 2 ½ inch hose – weighing 45lbs) ascend to the top deck of the back office, then turn around and descend to the basement door. Then after returning to the starting position, repeats 4 more times to the top & bottom of the landings. Upon arriving at the top deck on the 5th ascent; the hose must be placed in the designated area on the landing. (This is the equivalent of climbing and descending five stories.) The candidate will descend to the ground and advance to next test station.

Station 2 - Hose Hoist

The candidate will stand in the designated area, and using a hand-over-hand motion, pulling a utility rope to hoist a hose roll of 2 ½" hose (45 pounds) to the height of 50 feet. When the donut roll reaches the pulley, the candidate will utilize a controlled hand-under-hand method to lower the hose roll until it touches the ground. This component of testing is complete when the hose roll touches the ground. **Immediate failure will result if the rope slips through the candidate's hands in an uncontrolled manner.**

Advance to next test station.

Station 3 - Forcible Entry

Using an 8-pound shot mallet, drive a railway tie a distance of two (2) feet. The mallet must strike the designated target area on the tie. The event is complete when the tie is moved a distance of two (2) feet and the mallet is placed in the designated area.

Immediate failure will result if the mallet slips out of the candidate's hands.

Advance to the next test station.

Station 4 - Extension Ladder Raise

The candidate will walk forward raising a 24-foot extension ladder hand over hand (overhead) until it is completely vertical. The candidate will then lower the ladder by walking it back down, hand-over-hand, until it is set back on the ground. Advance to next test station. **Immediate failure will result if control is not maintained in a hand-over-hand manner.**

Station 5 - Hose Drag

The Candidate will advance a 150 foot section of un-charged 1 ¾" hose-line, with nozzle, straight forward for 75 feet where a 90 degree turn will be made. The candidate will continue to advance the hose-line an additional 25 feet. After stopping within a designated area, the candidate drops to at least one knee and pulls the hose-line until the 50 foot mark of the hose-line crosses the finish line. Advance to the next test station.

Station 6 - Equipment Carry

This event uses two tools of similar size/weight (25lb) and a table replicating a storage cabinet on a fire engine. The candidate must remove the two tools from the table, one at a time, and place them on the ground. Then they will pick up both tools, one in each hand, and carry them forward 75 feet around a pylon, then return to the starting point.

Placing the tool(s) on the ground to adjust a grip is permitted. Upon return to the table, the tools are placed on the ground, then picked up one at a time, and replaced on the table. Advance to next event. **Dropping either tool on the ground will result in immediate failure.**

Station 7 - Victim Rescue

The Candidate will carry/drag a 185 pound victim a distance of 35 feet, make a 180 degree turn around a pre-positioned pylon, and continues an additional 35 feet to the finish line. This event is complete when both the victim and the candidate completely clear the finish line.