



County of Grande Prairie Regional Fire Service

10808 100th Ave, Clairmont, Alberta T8X 5B2

Telephone: (780) 532.9727 • Facsimile: (780) 567.5578

Website: [http:// www.countygp.ab.ca/fire](http://www.countygp.ab.ca/fire)



PART TIME FIREFIGHTER APPLICATION



For further information, please check our website at www.countygp.ab.ca/firerecruit

Carefully read the following:

Due to the large number of applications anticipated for the position of Part Time Firefighter the following application guidelines apply:

- 1. The County of Grande Prairie Regional Fire Service will only accept this application form accompanied by a resume to be considered for a Part Time Firefighter Position.**
- 2. Please attach to the back of the application only the documentation requested, in the order indicated. Original documents must be presented for review by those selected for interviews. Please only attach COPIES of the documents.**
- 3. Failure to follow these instructions or adding materials not requested may result in your application not being processed.**
- 4. If you have any questions regarding this application, please email us at firerecruitment@countygp.ab.ca**

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:			
HOW DID YOU HEAR ABOUT THIS CAREER OPPORTUNITY?			
<input type="checkbox"/> Social Media: Facebook <input type="checkbox"/> Social Media: LinkedIn <input type="checkbox"/> Social Media: Twitter <input type="checkbox"/> County of Grande Prairie Website <input type="checkbox"/> Recruitment Poster/Flyer <input type="checkbox"/> Word of Mouth – Please Specify: <input type="checkbox"/> Industry Website/Recruitment Website – Please Specify: <input type="checkbox"/> Other – Please Specify:			

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 Yes <input type="checkbox"/> No <input type="checkbox"/> Immigrant Permanent Yes <input type="checkbox"/> No <input type="checkbox"/> Resident 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	Name and Location of School	Date Completed (yyyy-mm-dd)	
NFPA 1001 Firefighter 1 IFSAC or ProBoard Certification Number: # _____			
NFPA 1001 Firefighter 2 IFSAC or ProBoard Certification Number: # _____			
NFPA 472 or 1072 Hazmat Awareness IFSAC or ProBoard Certification Number: # _____			
NFPA 472 or 1072 Hazmat Operations IFSAC or ProBoard Certification Number: # _____			

<p>Medical Certifications: Standard First Aid and EMR Certificate (not registered) <input type="checkbox"/></p> <p>Or</p> <p>Standard First Aid and Medical First Responder (AHS MFR 80-hour program) <input type="checkbox"/></p> <p>Or</p> <p>Current Advanced First Aid (80-hour program)</p> <p>Or</p> <p>Registered Medical Practitioners: Emergency Medical Responder <input type="checkbox"/> Primary Care Paramedic <input type="checkbox"/> Advanced Care Paramedic <input type="checkbox"/></p>		
CPR Level C		
ICS 100		

Please attach a Copy of:

1. NFPA 1001 level 1 & 2 Certification (IFSAC and/or ProBoard)
2. NFPA 472 or 1072 Awareness & Operations Certification (IFSAC and/or ProBoard)
3. Medical Certification (EMR or MFR and First Aid) or Alberta College of Paramedics Certification.
4. CPR Level C (Current)
5. ICS 100 Certificate

REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS, continued

Driver's License Information	
Do you possess a valid Class 1, 2 or 3 AB Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Drivers' License Number: _____ What Classes of License do you possess?	
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
Do you have any restrictions on your driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes EXPLAIN: _____	
Do you have an air brake endorsement (Class 2 or 3 only)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present number of points showing on drivers abstract: _____	
Have you had any provincial or criminal driving suspension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please explain: _____	
Criminal Record Search	
DO YOU CONSENT TO A CRIMINAL RECORD SEARCH? (Vulnerable sector person of trust)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
If yes, give date and particulars of each: _____	
Have you received a pardon? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
Particulars: _____	

Please attach a COPY of:

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

DESIRABLE TRAINING AND EXPERIENCE (Please do not attach copies with your application)

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)

Preferred Fire Service Training:	Name and Location of School	Date Completed (yyyy-mm-dd)
Ice Rescue Technician		
Rope Rescue Operations or Technician		
NFPA 1002 Chapter 4 Apparatus Driver / Operator		
NFPA 1002 Chapter 5 Pump Operator		
Lakeland College S-600 or S-601 & S-602		
NFPA 472 or 1072 Hazardous Materials Technician		

Other Fire Service Courses: (please mark with a check, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)
Fire Instructor 1 <input type="checkbox"/>		
Blue Card Command <input type="checkbox"/>		
Life Safety Educator <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: _____

Firefighter Experience		
Do you have Firefighter experience?		Yes <input type="checkbox"/> No
If "Yes", state location: _____		
Start Date: _____	End Date: _____	Length of Service: _____

OTHER TRAINING AND EXPERIENCE (not mentioned previously)

(Please do not attach copies with your application)

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.

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.

Current Employment:

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.		
Duties	Position Title		
	Immediate Supervisors Name		
Are you available for calls during the day, Monday to Friday? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisors Title or Position		
Please explain: _____	Phone Number _____		
Will your employer allow you to attend emergencies during working hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Past Employment History:

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		

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		

PLEASE NOTE: Additional references may be requested.



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PART TIME FIREFIGHTER MEDICAL RELEASE FORM (Revised May 2018)

Applicant: _____ **(Please print)**

Purpose:

The purpose of this document is to ensure that the person named above (applicant) is medically fit to undertake firefighter training. A brief summary of the physical demands for the training courses is provided below. Further information may be obtained by contacting the office of the Deputy Fire Chief of Training for the County of Grande Prairie, 780-532-9727.

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. Students 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 lb.) 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 lb.).
7. High levels of cardiovascular stress as evidenced by average heart rates of 70% of the age-predicted maximum during training scenarios with brief, repeated periods of near maximal heart rate (90+%).

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

“I have reviewed the description of the County Fire Department's summary of physical demands and hereby certify that _____ (applicant's full name) 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's Fire Services. 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 T8X 5B2 or at (780)532-9722.

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: _____ Cell Phone Number: _____

E-mail Address: _____

Please forward your completed application form and required documents by email to:

Email: firerecruitment@countygp.ab.ca

Completed application packages may also be dropped off in person to the front counter of the Community Services Building located at:

10808 100 Ave
Clairmont, Alberta
Attention: Part Time Firefighter Recruitment

DATE

SIGNATURE OF APPLICANT

Note: Please ensure all pages are assembled in order 1 – 13 and all required attachments are ordered as indicated above behind page 13 of this application. The application may now be stapled together.

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

1. NFPA 1001 level 1 & 2 Certification (IFSAC and/or ProBoard)
2. NFPA 472 or 1072 Awareness & Operations Certification (IFSAC and/or ProBoard)
3. Medical Certification (EMR or MFR and / or First Aid) or Alberta College of Paramedics Certification.
4. CPR Level C (Current)
5. ICS 100 Certificate
6. Recent Criminal Record Check, including Vulnerable Sector Check
 - **(CRC/VSC MUST NOT BE MORE THAN 6 MONTHS OLD)**
7. Medical Release Form filled out by a licensed 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 checkmarked.
Any areas within the application form that do not apply to you, **must** be marked **N/A**.
Please check to ensure the application is complete prior to submitting it.