To whom it may concern,

Thank you for your interest in becoming a member of Bay Roberts Fire Rescue. As a member of our team, you will embark on a rewarding career full of rich heritage, unique skills and community involvement. Please review our Mission Statement, Vision Statement along with our list of Valves listed below.

MISSION STATEMENT

Bay Roberts Fire Rescues mission is to provide emergency operations, public education, fire prevention and emergency medical services to the citizens and visitors of the Town of Bay Roberts & surrounding areas deemed by Council.

VISION STATEMENT

Bay Roberts Fire Rescues goal is to be the best equipped, best trained and the most professional department capable of providing the highest quality service at the most reasonable cost to the taxpayers of the Town of Bay Roberts.

VALUES

The values by which Bay Roberts Fire Rescue operates are:

- Integrity and pride in the Fire Department;
- Quality customer service;
- Commitment to the community;
- Efficiency in management; and,
- Appreciation for the tradition of Volunteer Firefighting.

If you believe that this is a good fit for you, we encourage you to apply!

Here is our application checklist. These documents **MUST** accompany your application submission. If you are unable to submit these documents with your application you may be disqualified from the competition. Please note that some of these documents take weeks to obtain, therefore we encourage you to get them in process as soon as possible to ensure they are completed prior to the application deadline.

Application checklist prior to submission (ALL MUST BE ATTACHED AT TIME OF SUBMISSION)

- All parts of the application have been completed
- o Applications should be dropped off at Town Hall Marked "Attention to Hiring Committee"
- o Code of Conduct with vulnerable sector check included
- o Court check has been included (letter to waive the processing fee is attached to be used)
- o Drivers Abstract has been included (submit receipt to be reimbursed for cost)
- Firefighter Medical exam form has been included (if any cost for exam, submit to be reimbursed)
- Hand delivered to The Town office no later than the closing date of May 16,12noon NL time ,2025

BAY ROBERTS FIRE RESCUE PO BOX 114, BAY ROBERTS, NL A0A 1G0 OFFICE: 1-709-786-2126 ext 239 EMAIL: gsquires@bayroberts.com

PLEASE PRINT CLEARLY

SECTION A: PERSONAL INFORMATION

| Full Name: | | |
|-----------------------------|-------------|--|
| Civic Address: | | |
| Phone Number: | Email: | |
| Date of Birth (YYYY/MM/DD): | | |
| Level of Education: | Occupation: | |

SECTION B: BASIC REQUIREMENTS

| Circle One | | |
|--|-----|----|
| Do you currently reside within The Municipal Boundary of Bay Roberts? | Yes | No |
| Are you currently employed within the Municipal Boundary of Bay Roberts? | Yes | No |
| Will your employer allow you to leave work in order to attend a Fire/ Emergency callout? | Yes | No |
| Are you a minimum of 18 years of age? | Yes | No |
| Do you possess a valid NL Class 5 Unrestricted Driver's License and a good driving record? | Yes | No |
| Do you have a current NL Driver's Licence Air Brake endorsement? | Yes | No |
| Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter? | Yes | No |
| Are you willing to participate in a medical check required of potential volunteer firefighters? | Yes | No |
| Do you understand that volunteer 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 |
| 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 side burns are acceptable as long as it will not affect the seal) | Yes | No |

SECTION C: AVAILABILITY

| If accepted by the Fire Department, you will be required to attend regular Monday night drills (approximately 7:15PM to 9:30PM). Can you meet this requirement? | Yes | No |
|---|-----|----|
| Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the fire station promptly and have abstained from alcohol and drugs for the | | |
| previous 8 hours? | Yes | No |
| Are you willing and able to retain and wear an emergency pager and respond to | | |
| Emergencies 24/7 365? | Yes | No |
| Are you willing and able to participate in the occasional weekend training program? | Yes | No |

SECTION D: SKILLS AND EXPERIENCE

Experience: Please indicate if you have any of the following skills or training:

| First Aid Certificate/CPR/AED (date last taken): | Level of Training: | |
|--|--------------------|--|
| Previous Emergency Volunteer Experience - Explain: | | |
| Previous Firefighter Experience – Explain: | | |
| Skilled Trade: | | |
| Other (Describe): | | |

SECTION E: REFERENCES (Preferably from current or previous employers)

Please provide two references that are not related to you.

| Reference #1 | | | | |
|--------------|-------------|---------------|--------------------------|----|
| Last Name: | First Name: | Title: | | |
| Company: | | Phone Number: | | |
| Years know: | Email: | | Can we contact them? Yes | No |
| Reference #2 | | | | |
| Last Name: | First Name: | Title: | | |
| Company: | | Phone Number: | | |
| Years known: | Email: | | Can we contact them? Yes | No |

SECTION F: DECLARATION OF APPLICANT

I ______ certify that all the information submitted in this application is truthful and correct. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as a successful applicant.

Date: _____

| Office use only | | |
|---------------------------------------|------------------------|-------|
| All forms attached: | Date application recei | ived: |
| Applicant meet with Hiring Committee: | Yes No D | Date: |
| Applicant Accepted or Denied: | | Date: |

This letter is to be submitted to the Court House to waive the processing fee for court check

April 14, 2025

RE: CONSENT FOR CRIMINAL RECORD AND VULNERABLE SECTOR CHECK

TO WHOM IT MAY CONCERN,

Please be advised that ______ is the process of applying for a membership with Bay Roberts Fire Rescue. Part of the application process requires all applications to provide consent for Criminal Record and Vulnerable Sector Check.

It is Bay Roberts Fire Rescue understanding that a consent for Criminal Record and Vulnerable Sector Check is available by contacting the Provincial Court in Harbour Grace. The fee for this check is waived when the applicant is applying for membership in a volunteer organization.

Should you have any questions, concerns or require additional information please contact me.

Regards,

Gregory Squires Director of Protective Services Town of Bay Roberts Phone: 1-709-786-2126 ext. 239 gsquires@bayroberts.com



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