



RIDER VENTURES LTD
WILDFIRE AND FLOOD PROTECTION
 (778) 212-5567 | www.riderventures.ca

Recognized Training Providers
 and Approved Contract Crews with
 The Province of BC

Rider Ventures is registered
 and in good standing with
 WorkSafe BC



EMPLOYMENT APPLICATION FORM
RIDER VENTURES LTD – Wildfire and Flood Protection

Before you apply:

- Review important recruitment information on our website: www.riderventures.ca/recruitment
- Our active season is typically March (flood season) to November (wildfire season)
- If you have questions or problems with your application email admin@riderventures.ca for assistance

Please email or mail completed form to:

admin@riderventures.ca
 Human Resources
 12309 Kalavista Dr
 Coldstream BC V1B 1K7

1. APPLICANT INFORMATION

<input type="checkbox"/> I have applied for employment with Rider Ventures before					<input type="checkbox"/> I have worked with Rider Ventures before				
Full Legal Name		<i>First Name/ Middle Name/ Last Name</i>							
Nickname				DOB	<i>Month Day Year</i>			Gender	<i>M/F/X</i>
Phone(s)				Email					
Mailing Address	<i>Address Line 1/Address Line 2/ City/Prov/Postal Code</i>								
Anticipated Living Location (Mar-Nov)			<i>City</i>		Anticipated Relocation Date			<i>Month Day Year</i>	
Dates Available for Work		<i>Month Day to Month Day</i>			Height/Weight				
Experience	<i>No Experience/1 Fire Season/More than 1 Fire Season/Other-Explain</i>								

2. ELIGIBILITY

To be eligible to work in Canada, you must first be a Canadian citizen or permanent resident in Canada or authorized in writing to work in Canada under the *Federal Immigration Act*. If you have a valid temporary work permit, you may be eligible for temporary work until your permit expires or is renewed. Are you eligible to work in Canada from March to November this year? Yes No

3. POSITION APPLYING FOR

Fire Crew Trainee General Labourer Fire Fighter Crew Leader Strike Team Leader

Enhanced Protection Crew Power Saw Operator Danger Tree Assessor Danger Tree Faller

First Aid Attendant Other *Explain Other*

4. MEDICAL QUESTIONS

Do you have medical conditions that may affect your ability to work (asthma, diabetes, etc.)? No Yes (explain)

Do you have allergies (food, insect, animal, environmental, etc.)? No Yes (explain)

Do you have physical or mental limitations? No Yes (explain)

Have you had a Tetanus shot in the last 5 years? Yes No

Have you received a COVID-19 vaccine? Yes No
(If Yes, attach copy of your valid BC Vaccine Card or Federal COVID-19 Proof of Vaccination Card to your Employment Application Form)



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5. FORMAL TRAINING/CERTIFICATES/LICENSES

Check all that apply. Do not include expired certificates. *Attach copies of your certificates to your Employment Application Form.*

WILDLAND FIRE FIGHTER	DIVERSIFIED	FIRST-AID
<input type="checkbox"/> S-100 Basic Fire Suppression and Safety <input type="checkbox"/> S-100A Recertification <input type="checkbox"/> S-185 Fire Entrapment Avoidance <input type="checkbox"/> S-185A Recertification <input type="checkbox"/> S-211 Weather and Fire Environment <input type="checkbox"/> S-212 Communications with Radios on the Fireline <input type="checkbox"/> S-213 Working Around Equipment on the Fireline <input type="checkbox"/> S-215 Fire Operations in Wildland/Urban Interface <input type="checkbox"/> S-230 Fireline Supervisor/Crew Leader <input type="checkbox"/> S-232 Pumps and Water Delivery <input type="checkbox"/> S-235 Burn-off and Backfiring <input type="checkbox"/> S-241 Fire Assessment <input type="checkbox"/> ICS-100 Incident Command System <input type="checkbox"/> ICS-200 Incident Command System <input type="checkbox"/> ICS-300 Incident Command System <input type="checkbox"/> ICS-400 Incident Command System	<input type="checkbox"/> Bear/Wildlife Safety Awareness <input type="checkbox"/> Tree/Plant Species Identification <input type="checkbox"/> Swift Water Awareness <input type="checkbox"/> Sandbag Procedures and Safety <input type="checkbox"/> Swiftwater Rescue <input type="checkbox"/> Tiger Dam and Aqua Dam Installment <input type="checkbox"/> GPS Coordinates/Mapping and Compass <input type="checkbox"/> Back Roads Driving Standards Course <input type="checkbox"/> WHMIS- Workplace Hazardous Material Information System <input type="checkbox"/> TDG- Transportation of Dangerous Goods <input type="checkbox"/> Fire Extinguisher Procedures and Use <input type="checkbox"/> Working around Helicopters/Safety and Heli-Pad Construction <input type="checkbox"/> Helicopter Hover Exiting	<input type="checkbox"/> OFA Level 1 <input type="checkbox"/> OFA Level 2 <input type="checkbox"/> OFA Level 3 <input type="checkbox"/> CPR and Transport Endorsement

RELEVANT CERTIFICATES	ISSUER	EXPIRATION
<i>DTA-Wildfire/DTA-Harvest and Silviculture/Power Saw Operator/OFA 1-3/RPF/Certified Faller/Other</i>	<i>ENFORM/WCB/BCFSC/Other</i>	<i>Month Day Year</i>

SECONDARY AND POST-SECONDARY EDUCATION	YEARS ATTENDED	DIPLOMA
<i>Name and Location of School</i>	<i>YYYY-YYYY</i>	<i>Certificate/Diploma Achieved</i>

ADDITIONAL QUALIFICATIONS
Additional information related to job applying for including licenses, certificates, languages, memberships, academic and athletic achievements, community involvement, volunteer experiences.

DRIVER'S LICENSE

Do you hold a valid Driver's License? Yes No

DL#		Province		Class		Expiry Date	
Endorsements/Restrictions	<i>XX-Description</i>						

Have you ever been denied a license, permit or privilege to operate a vehicle? No Yes (explain)

Has any license, permit, privilege ever been revoked? No Yes (explain)



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6. WORK EXPERIENCE AND REFERENCES

EMPLOYMENT RECORD 1

Company Name/Location	<i>Name/City</i>	Years Employed	<i>MMM YYYY – MMM YYYY</i>
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Position and relevant responsibilities:

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name/Phone	
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Reason for leaving?

EMPLOYMENT RECORD 2

Company Name/Location	<i>Name/City</i>	Years Employed	<i>MMM YYYY – MMM YYYY</i>
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Position and relevant responsibilities:

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name/Phone	
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Reason for leaving?

EMPLOYMENT RECORD 3

Company Name/Location	<i>Name/City</i>	Years Employed	<i>MMM YYYY – MMM YYYY</i>
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Position and relevant responsibilities:

May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name/Phone	
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Reason for leaving?

REFERENCES

Name		Phone		Relationship/Years	
Name		Phone		Relationship/Years	
Name		Phone		Relationship/Years	



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7. DECLARATION			
Are you willing to be on call 24 hours a day 7 days a week, work long shifts, go weeks without a day off, endure adverse weather conditions, perform strenuous and prolonged physical labor and go extended periods without a bed, shower or phone?			<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the physical and mental requirements needed in order to be a Wildland Fire Fighter are above average. Are you fit to perform these tasks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Due to the nature of our work Rider Ventures has strict drug and alcohol restriction policies. If hired, are you able to comply to our company safety-sensitive drug and smoking policies (<i>Impairment</i> policy can be viewed on our website www.riderventures.ca/recruitment)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Rider Ventures is an equal opportunity employer and actively fosters a diverse and mutually supportive environment. All candidates will be considered for employment without regard to race, gender, religion, or age (in accordance with Ministry of Forests regulations you must be minimum 16 years). You may voluntarily provide the following information. Information provided will not affect your eligibility for employment and will remain confidential (<i>Hiring and Recruitment</i> and <i>Equal Opportunity Employer</i> policies can be viewed on our website www.riderventures.ca/recruitment):			
Race		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	First Nations <i>Band/Status Number/Non-Status</i>
I hereby authorize Rider Ventures to investigate my provided employment/ education history and contact my references (unless otherwise indicated above by me) related to my suitability for employment. I authorize my references to disclose work records and any other work-related information required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
I verify all information provided on this application to be factual to the best of my knowledge and understand that if the information I provided is not true, my candidacy and employment may be terminated. I understand it is my responsibility to inform Rider Ventures if anything on my application changes during the application process or during my employment with Rider Ventures.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Date	

APPLICATION CHECKLIST:

- Reviewed the Recruitment page on the website and read important policies, relevant job advertisements, and reviewed forms required during the application process
- Completed all sections of the Employment Application Form
- Attached copies of certificates
- Attached resume, reference letters
- Attach valid BC Vaccine Card or Federal COVID-19 Proof of Vaccination Card

I heard about Rider Ventures from: