
SURNAME, GIVEN NAMES (PLEASE PRINT)

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

FIREFIGHTER APPLICATION FORM

COMPETITION # 23/154



CITY OF
PRINCE GEORGE

CITY OF PRINCE GEORGE
HUMAN RESOURCES

1100 PATRICIA BOULEVARD
BRITISH COLUMBIA, CANADA V2L 3V9

TELEPHONE
(250) 561-7626
FAX (250) 561-7719

INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. APPLICANTS WILL BE EVALUATED BASED ON INFORMATION PRESENTED IN THIS APPLICATION.

SECTIONS MARKED WITH AN ASTERISK (*) INDICATE WHERE COPIES OF DOCUMENTS MUST BE ATTACHED.

GENERAL INFORMATION

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/> * ATTACH COPY OF BIRTH CERTIFICATE, LANDED IMMIGRANT RECORD, ETC.		
WILL YOU ACCEPT SHIFT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	WORK ON SATURDAY? YES <input type="checkbox"/> NO <input type="checkbox"/>	WORK ON SUNDAY? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE WHICH MAY BE RELATED TO THE POSITION OF FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN _____ * CANDIDATES MUST COMPLETE A CRIMINAL RECORD CHECK, "VULNERABLE SECTOR" CHECK, AND A "SEARCH AND DISCLOSURE CONSENT AND LIABILITY RELEASE" FORM WITH THE RCMP (OR EQUIVALENT FORM WITH MUNICIPAL POLICE FORCE, WHERE APPLICABLE). ONCE THE POLICE INFORMATION CHECK IS COMPLETE, YOU WILL BE REQUIRED TO RETURN THESE FORMS DIRECTLY TO HUMAN RESOURCES AT THE CITY OF PRINCE GEORGE.		
HAVE YOU ANY DISABILITIES OR MEDICAL RESTRICTIONS WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE POSITION OF FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE DESCRIBE _____		
DO YOU HAVE ANY PHOBIAS (HEIGHT, CONFINED SPACES, ETC) THAT MAY PROHIBIT YOU FROM PERFORMING THE DUTIES OF A FIREFIGHTER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN _____		

EDUCATION

SCHOOL/INSTITUTE		COURSE/PROGRAM MAJOR FIELD, ETC	DID YOU GRADUATE?		CERTIFICATE DIPLOMA, DEGREE ATTAINED OR YEARS COMPLETED	DATES ATTENDED			
						FROM		TO	
NAME	LOCATION		YES	NO		MO.	YR.	MO.	YR.
SECONDARY SCHOOL									
VOCATIONAL/TRADE									
UNIVERSITY/COLLEGE									

* PLEASE ATTACH COPIES OF CERTIFICATES/DEGREES ALONG WITH OFFICIAL TRANSCRIPTS FROM ANY POST-SECONDARY INSTITUTION

TRAINING

* HAVE YOU COMPLETED THE NFPA 1001 LEVELS 1 & 2 (IFSAC OR PRO BOARD ACCREDITED)? (ATTACH COPIES OF CERTIFICATES)

NO YES

FIRE ACADEMY: _____ YEAR OBTAINED: _____

* DO YOU HOLD CURRENT **TECHNICIAN**-LEVEL CERTIFICATION IN ANY OF THE FOLLOWING (CHECK ALL THAT APPLY AND ATTACH COPIES OF CERTIFICATES):

CONFINED SPACE RESCUE
 HAZARDOUS MATERIALS
 HIGH ANGLE RESCUE
 ICE RESCUE
 SWIFT WATER RESCUE
 OTHER (PLEASE SPECIFY) _____

* HAVE YOU COMPLETED ANY OF THE FOLLOWING COURSES (PLEASE ATTACH COPIES OF CERTIFICATES OR TRANSCRIPTS):

FIRE INSPECTOR
 FIRE & SAFETY EDUCATOR
 FIRE SERVICE INSTRUCTOR
 NFPA 1006 TECHNICAL RESCUE AWARENESS OR EQUIVALENT
 INCIDENT COMMAND SYSTEM (ICS) COURSES
 WILDLAND FIREFIGHTER S100, SPP – WFF 1 WILDLAND FIREFIGHTER OR EQUIVALENT
 OTHER (PLEASE SPECIFY) _____

*** PLEASE ATTACH A SEPARATE LISTING OF ANY OTHER FIRE-SERVICE RELATED TRAINING THAT YOU HAVE COMPLETED AND INCLUDE COPIES OF CERTIFICATES**

FIRST AID QUALIFICATIONS

* PLEASE INDICATE THE LEVEL OF CURRENT FIRST AID QUALIFICATION YOU HOLD:

OCCUPATIONAL FIRST AID LEVEL 3	NO <input type="checkbox"/>	YES <input type="checkbox"/>	EXPIRY DATE: _____
FIRST RESPONDER LEVEL 3	NO <input type="checkbox"/>	YES <input type="checkbox"/>	EXPIRY DATE: _____
EMERGENCY MEDICAL RESPONDER – CERTIFIED	NO <input type="checkbox"/>	YES <input type="checkbox"/>	EXPIRY DATE: _____
EMERGENCY MEDICAL RESPONDER – LICENSED	NO <input type="checkbox"/>	YES <input type="checkbox"/>	DATE ATTAINED: _____
PRIMARY /ADVANCED CARE PARAMEDIC – CERTIFICATE	NO <input type="checkbox"/>	YES <input type="checkbox"/>	EXPIRY DATE: _____
PRIMARY /ADVANCED CARE PARAMEDIC – LICENSED	NO <input type="checkbox"/>	YES <input type="checkbox"/>	DATE ATTAINED: _____

*** PLEASE ATTACH COPIES OF ALL FIRST AID CERTIFICATES**

DRIVING QUALIFICATIONS

DRIVER'S LICENCE # _____ PROVINCE _____ CLASS _____

RESTRICTIONS _____ AIR BRAKE ENDORSEMENT YES NO

PRESENT NUMBER OF POINTS ON LICENSE _____

PLEASE LIST THE TYPES OF VEHICLES OR HEAVY EQUIPMENT YOU HAVE EXPERIENCE OPERATING _____

*** PLEASE ATTACH A COPY OF YOUR DRIVER'S ABSTRACT AND PROOF OF INTERPROVINCIAL EQUIVALENCY IF APPLICABLE**

WORK EXPERIENCE

*** PLEASE INCLUDE DETAILS OF YOUR EMPLOYMENT HISTORY ON YOUR RESUME STARTING WITH YOUR MOST RECENT EMPLOYER. INCLUDE INFORMATION SUCH AS THE YOUR POSITION TITLE, A SUMMARY OF YOUR DUTIES, THE DATES YOU WORKED FOR EACH EMPLOYER, AND YOUR REASONS FOR LEAVING.**

FIREFIGHTING EXPERIENCE

DO YOU HAVE FIREFIGHTING EXPERIENCE? YES NO

IF YES, INDICATE TYPE VOLUNTEER PAID

NAME OF ORGANIZATION/DEPARTMENT _____

POSITION/RANK _____ FROM _____ TO _____

NAME OF ORGANIZATION/DEPARTMENT _____

POSITION/RANK _____ FROM _____ TO _____

VOLUNTEER EXPERIENCE (EXCLUDING VOLUNTEER FIREFIGHTING)

*** PLEASE INCLUDE DETAILS OF YOUR VOLUNTEER CONTRIBUTIONS, STARTING WITH THE MOST RECENT, ON YOUR RESUME. INCLUDE THE NAME OF THE ORGANIZATION, YOUR DUTIES, THE AVERAGE NUMBER OF HOURS PER MONTH THAT YOU VOLUNTEERED (IF APPLICABLE), AND THE REASON YOU ENDED YOUR INVOLVEMENT.**

REFERENCES

*** PLEASE INCLUDE NAMES AND CONTACT INFORMATION FOR THREE REFERENCES ON YOUR RESUME. AT LEAST TWO REFERENCES SHOULD BE FORMER SUPERVISORS, AT EITHER A PREVIOUS EMPLOYER OR VOLUNTEER ORGANIZATION. INDICATE THE ORGANIZATION AND NATURE OF YOUR RELATIONSHIP WITH THAT INDIVIDUAL.**

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify:

That the information given on all application documents is true and I understand that any untrue statements will disentitle me from being hired and will be cause for dismissal.

That I understand

- That my signature on this form is my permission to contact my present/past employers to obtain references and releases them from liability from the Freedom of Information Act;
- That there will be a probationary work period during which my performance and suitability for the position will be reviewed;
- That as a condition of employment, I will be required to undergo a pre-placement health assessment before and during my employment.

APPLICANT'S SIGNATURE

DATE