



# Langley City

## Application for Firefighter

Please refer to our Career Firefighter Recruitment Application Manual for details of the recruitment and application process. If you have any questions regarding this application after reading the Manual, please contact Langley City Human Resources at [hr@langleycity.ca](mailto:hr@langleycity.ca).

Please attach only copies of documents requested in this application form. Please note that documents will not be returned.

Your completed application form must be submitted by 4:30 p.m. on Friday, May 17, 2019 to:

Langley City  
Attention: Human Resources  
20399 Douglas Crescent  
Langley, B. C. V3A 4B3  
Fax: (604) 514-0225  
Email: [hr@langleycity.ca](mailto:hr@langleycity.ca)

### APPLICANT INFORMATION

Name in Full (Please Print)			Date of Application (yyyy-mm-dd)
(Surname)	(First)	(Middle)	
Mailing address:			Home Telephone
City	Province	Postal Code	Other Telephone
Email:			

## REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS

Are you 19 years of age or older on or before the date of your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you 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 Immigrant: Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Visa: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Grade 12 or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fire Service Education: (please mark boxes with a checkmark, as applicable)	Name and Location of School		Date Completed (yyyy-mm-dd)
NFPA 1001 Firefighter II  (IFSAC or ProBoard) <input type="checkbox"/>			
NFPA 472 Operations  (IFSAC or ProBoard) <input type="checkbox"/>			
First Aid Certification:  First Responder III with AED And Spinal Endorsement <input type="checkbox"/>  Emergency Medical Responder <input type="checkbox"/>  Occupational First Aid Level 3 <input type="checkbox"/>  Paramedic License <input type="checkbox"/>  Other (Please specify) <input type="checkbox"/>			
CPR Basic Rescuer Level C <input type="checkbox"/>			

***Please attach copies of:***

1. High School Transcript and/or Graduation Certificate or equivalent.
2. NFPA 1001 Firefighter II Certificate
3. NFPA 472 Hazardous Materials Operations Certificate
4. First Aid and CPR Certificates

**REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS, continued**

**Drivers License Information**

Which Classes of BC Driver's License do you currently hold?

1       2       3       4       5       6

Do you have any restrictions on your driver's license?      Yes  No

If "Yes" please indicate restrictions: \_\_\_\_\_

Do you have an air brake endorsement?      Yes  No

Number of points showing on drivers abstract (last 5 years): \_\_\_\_\_

Do you have any current suspensions?      Yes  No

If "Yes", please explain: \_\_\_\_\_

**You will be required to provide a copy of your Driving Record prior to confirmation of employment. Please do not include it with this application.**

**Firefighter Candidate Physical Ability Test (CPAT)**

Successful completion of Firefighter Candidate Physical Ability Test (CPAT) within past year Yes  No

Test Date: \_\_\_\_\_

***Please attach copy of:***

- 5. CPAT certificate of completion

**DESIRABLE TRAINING AND EXPERIENCE**

**Firefighter Experience**

Do you have Firefighter experience?      Yes  No

If "Yes", state location(s): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Advanced Fire Service Training: (please mark boxes with a checkmark, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)
Fire Prevention Inspector I <input type="checkbox"/>		
Fire Service Instructor I <input type="checkbox"/>		
Fire & Life Safety Educator I <input type="checkbox"/>		
Fire Officer I <input type="checkbox"/>		
Fire Officer II <input type="checkbox"/>		
Other Fire Service Courses: (please mark boxes with a checkmark, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)
Auto Extrication <input type="checkbox"/>		
Rope Rescue <input type="checkbox"/>		
Confined Space Rescue <input type="checkbox"/>		
Hazardous Materials <input type="checkbox"/>		
Incident Command <input type="checkbox"/>		
Critical Incident Stress <input type="checkbox"/>		

Additional Fire Service Training:	Name and Location of School	Date Completed (yyyy-mm-dd)

Post secondary education or equivalent?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please enter the name(s) and location(s) of post-secondary school(s) or institute(s) in the boxes below	Name(s) of Course(s) or Program(s)	Number of Credits, Highest Grade, Certificate, Diploma or Degree achieved	Date(s) Completed (yyyy-mm-dd)
<b>VOCATIONAL OR TRADE SCHOOL OR TRADES QUALIFICATION</b>	Name(s) of Course(s) or Program(s)	Number of Credits, Highest Grade, Certificate, Diploma or Degree achieved	Date(s) Completed (yyyy-mm-dd)
<b>OTHER EDUCATIONAL INFORMATION</b>	Name(s) of Course(s) or Program(s)	Number of Credits, Highest Grade, Certificate, Diploma or Degree achieved	Date(s) Completed (yyyy-mm-dd)

**You will be required to provide copies of proof of completion of desired training prior to confirmation of employment.**

## Other Desirable Traits

Are you a non-smoker?

Yes  No

### Related Skills, Knowledge And Abilities

Language(s) other than English in which you are fluent: \_\_\_\_\_

Speak  Read  Write  Sign  None

**Please list other knowledge, skills or abilities not listed previously, e.g. computer skills.**

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## EMPLOYMENT HISTORY:

**Please list work history in chronological order starting with most recent employer and include self-employment and any employment as an apprentice.**

Firm or Organization	Nature of Business	Date Started (yyyy-mm)	
Address	Telephone No.	Date Ended (yyyy-mm)	
Duties	Position Title		

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Address	Telephone No.	Date Ended (yyyy-mm)	
Duties	Position Title		

***NOTE: Employment references must be provided when requested.***

## **APPLICANT DECLARATION**

I certify that all statements in this document are true and correct. I understand and agree that any misstatement of material facts in this application will preclude me from employment or result in termination of my employment with Langley City Fire Rescue Service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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