



Langley City Application for Paid-on-Call Firefighter

Carefully read the following:

Due to the large number of applications anticipated for the position of Paid-on-Call Firefighter the following application rules MUST apply.

1. Langley City Fire Rescue Service will only accept this application form, NOT resumes.
2. Please attach only the documentation requested to the back of the application, in the order indicated. DO NOT attach documentation not requested on this application form. ONLY attach COPIES of documents. Additional documentation may be requested later in the recruitment process.
3. After filling out each page and attaching the requested documentation to the back of the application, attach all pages together securely and in order with a staple or a paper clip.
4. Failure to follow these instructions or adding materials not requested may result in your application being rejected.
5. If you have any questions regarding this application please contact us at fireinfo@langleycity.ca or 604-514-2880.

PERSONAL INFORMATION

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

REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS

19 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 → <i>Documents must be available upon request</i>	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"/>
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 (please mark with a check, 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 Certificate			
First Responder III with AED <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) : _____			
CPR Basic Rescuer Level C <input type="checkbox"/>			

Please attach a COPY of:

1. Your high school transcript and/or graduation certificate or equivalent.
2. Any first aid and CPR certificates.

REQUIRED LICENSES, CERTIFICATES AND QUALIFICATIONS, continued

Driver's License Information

Do you possess a valid Class 1 or 3 BC Driver's License? Yes No

Driver's License Number: _____

What Classes of License do you possess? 1 2 3 4 5 6

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

If "Yes", please explain: _____

Do you have an air brake endorsement? Yes No

Present number of points showing on driver's abstract: _____

Have you had any impaired or roadside suspensions or any suspensions caused by the Superintendent of Motor Vehicles? Yes No

If "Yes", please explain: _____

Firefighter Candidate Physical Ability Test (CPAT)

Successful completion of fire fighter Candidate Physical Ability Test (CPAT) within past year? Yes No

Test Date: _____

Criminal Record Search

DO YOU CONSENT TO A CRIMINAL RECORD SEARCH? (vulnerable sector person of trust)
Note: Consent is a requirement for consideration for hiring. Yes No

(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 No

If yes, give date and particulars of each: _____

Have you received a pardon? Yes No Date: _____

Particulars: _____

DESIRABLE TRAINING AND EXPERIENCE

Post-secondary education or equivalent: Yes No

Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)

Advanced Fire Service Training	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 with a check, 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"/>		
Incident Command <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: _____

Are you a non-smoker? Yes No

Firefighter Experience: Yes No

If "Yes", state location: _____

Start Date: _____ End Date: _____ Length of Service: _____

Copies of the certificates for courses listed above will be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

OTHER TRAINING AND EXPERIENCE (not mentioned previously)

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: _____ <div style="text-align: right;"> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/> </div> Any other knowledge, abilities, skills and personal qualities not covered elsewhere, e.g. computer skills: _____ _____

Copies of the certificates for courses listed above will be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

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 Department experience, include the name and phone number of your Chief Officer in your **EMPLOYMENT HISTORY** so they can be contacted as a reference.

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.:	Date Ended: (yyyy-mm-dd)	
Duties:	Position Title:		
	Immediate Supervisor's Name:		
	Supervisor's 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 Supervisor's Name:	
	Supervisor's 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 Supervisor's Name:	
	Supervisor's 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 Supervisor's Name:	
	Supervisor's Title or Position:	
	Phone Number: _____	
Permission to Contact Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position:	

NOTE: Additional references may be required and must be provided upon request.

PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS SUBMITTED WITH THIS APPLICATION ARE CLEAR PHOTOCOPIES (unless otherwise specified).

1. **Your high school transcript and/or graduation certificate or equivalent.**
 2. **Any First Aid and CPR certificates**
- 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 check marked.
If any areas within the application form do not apply to you, you **must** specify **N/A**.
- Be SURE the application is COMPLETE before submitting it.**

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 Langley City Fire Rescue Service.

- I acknowledge that the Langley City Fire Rescue Service has a residency requirement upon completion of recruit training and at that time I must live and maintain residency within 4 km of the Langley City Firehall.

Signature: _____

Date: _____

Home Phone Number: _____

E-mail Address: _____

Please forward your completed application form to:

Langley City Fire Rescue Service
5785 203rd Street
Langley, B. C. V3A 9L9
Fax: (604) 530-3853
Email: fireinfo@langleycity.ca

DATE

SIGNATURE OF APPLICANT

Note: Ensure all pages are assembled in order 1 – 9 and all required attachments are ordered 1 - 2 as indicated above behind page 9 of this application. The application may now be stapled together.