



1. Personal Information

Last name: Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>			Given Names:		
Address: (Street No. & Name)		(City)	(Province)	(Postal Code)	
Telephone No.:	(Residence No.)	(Work No.)	(Message No.)	(Person to Contact at Message No.)	Social Insurance No.:
Fax No.:			E-mail Address:		
If presently employed, how much notice is required?			Date available for work:		
Are you prepared to work? Shifts: Yes <input type="checkbox"/> No <input type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you previously been employed by the City? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Department: _____ Date of Employment: _____		

2. Entrance Qualifications (Please attach a copy of ALL required certificates and/or documents)

Are you a Canadian Citizen or Landed Immigrant? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please attach copy of your Birth Certificate or Landed Immigrant papers. If "No", what is your status? _____		
Have you any disability or medical restriction that may affect your ability to perform the job(s) applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, describe: _____		
Have you ever been convicted for a criminal offence that may give the City cause for concern relative to the job(s) applied for? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you consent to a Criminal Records Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Driver's Licence Class? (Please attach a copy) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Driver's Licence No.:	Air Brake Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>
How many points do you have on your drivers record? _____ pts (Please attach a copy of Driver's Abstract) Note: more than six points will eliminate you for this position.		
Do you have a minimum of Standard First Aid with CPR? (Please attach a copy) Expiry Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have 20/30 visual acuity in each eye unaided and uncorrected? Yes <input type="checkbox"/> No <input type="checkbox"/> Colour and peripheral vision safe for the position of firefighter. Note: Successful corrective eye surgery or laser surgery may be acceptable providing it has been performed prior to six months of this application or after an acceptable waiting period as defined by your ophthalmologist.		
Do you have normal, unaided hearing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a minimum of one year of work experience related to the needs of the Fire Service? (building construction, mechanical experience, driving large or emergency vehicles, first aid, nursing, paramedical experience, forest firefighting, teaching or instructional experience, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please specify area of experience: _____		
Do you have a valid Physical Fitness Assessment from the Justice Institute? (Please attach a copy) Expiry Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a current Firefighter Medical Examination Certificate for BC? (Please attach a copy) Expiry Date: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>		

3. Preferred Qualifications (Please attach a copy of all required certificates and/or documents)

	Office Use
<p>What additional certificates related to life saving do you have? Please check all that apply.</p> <p> <input type="checkbox"/> First Responder Level III <input type="checkbox"/> Spinal <input type="checkbox"/> AED <input type="checkbox"/> CPR Level C <input type="checkbox"/> Occupational First Aid Level III </p> <p>Expiry Date: _____</p> <p>Others: _____</p> <p>_____</p> <p>_____</p>	
<p>Do you have any swimming certificates?</p> <p><input type="checkbox"/> Bronze Medallion</p> <p>Others: _____</p> <p>_____</p>	
<p>Have you completed additional Fire Service related courses (beyond those listed elsewhere)?</p> <p> <input type="checkbox"/> Swift Water Rescue <input type="checkbox"/> Haz/Mat Operations <input type="checkbox"/> Haz/Mat Technician <input type="checkbox"/> High Angle Operations <input type="checkbox"/> High Angle Technician <input type="checkbox"/> Confined Space Operations <input type="checkbox"/> Confined Space Technician <input type="checkbox"/> Auto Extrication <input type="checkbox"/> Shipboard Firefighting <input type="checkbox"/> Incident Command <input type="checkbox"/> Critical Incident Stress <input type="checkbox"/> Wild Land Firefighting <input type="checkbox"/> Aircraft Rescue Firefighting </p> <p>Please list any other courses: _____</p> <p>_____</p> <p>_____</p>	
<p>Physical Fitness:</p> <p>Activities that you participate in on a regular basis that demonstrate maintenance of physical fitness. _____</p> <p>_____</p> <p>_____</p>	
<p>Other knowledge, abilities, skills and personal qualities, e.g. computer skills. _____</p> <p>_____</p> <p>_____</p>	
<p>Language(s) other than English in which you are fluent: _____</p> <p> <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Sign <input type="checkbox"/> None </p>	
<p>Knowledge of different culture(s) (e.g. work within a community, travel, training, experience that involved working or living with people from diverse cultural backgrounds). _____</p> <p>_____</p>	
<p>What volunteer emergency services experience do you have & how long and where?</p> <p>Volunteer Firefighting: _____</p> <p>Coast Guard: _____</p> <p>Search and Rescue: _____</p> <p>St John's Ambulance: _____</p> <p>Others: _____</p> <p>_____</p>	
<p>If you attended the Justice Institute of BC, or have written the exam, what was your score? _____%</p>	

4. Education and Training

School / Institution		Course / Programme Major Field Tec.	Did you Graduate?		Credits, Diploma, Degree Attained	Office Use Only	Dates Attended			
							From		To	
Name	Location		Yes	No			Mo.	Yr.	Mo.	Yr.
1. Last Secondary / High School										
2. Vocational / Trade School										
3. Tech. Institute / JR. College										
4. University / College										
5. Post Graduate										
6. Firefighter Training		BC Firefighter Standard, Firefighter II (Level II or NFPA 1001 Firefighter I & II) <i>Please attach a copy of all certificates</i>								

5. PREVIOUS EMPLOYMENT

1. Position: _____ Company Name: _____ Address: _____ Start Date: _____ End Date: _____		Duties: _____ _____ _____		Permission to Contact Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Final Salary:	Hour / Month:	Supervisor:	Telephone No:		
Reason for Leaving:					

2. Position: _____ Company Name: _____ Address: _____ Start Date: _____ End Date: _____		Duties: _____ _____ _____		Permission to Contact Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Final Salary:	Hour / Month:	Supervisor:	Telephone No:		
Reason for Leaving:					

3. Position: _____ Company Name: _____ Address: _____ Start Date: _____ End Date: _____		Duties: _____ _____ _____		Permission to Contact Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Final Salary:	Hour / Month:	Supervisor:	Telephone No:		
Reason for Leaving:					

4. Position: _____ Company Name: _____ Address: _____ Start Date: _____ End Date: _____		Duties: _____ _____ _____		Permission to Contact Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Final Salary:	Hour / Month:	Supervisor:	Telephone No:		
Reason for Leaving:					

READ CAREFULLY BEFORE SIGNING

APPLICANT'S DECLARATION

I HEREBY CERTIFY:

1. That the information given on this application is true and I understand that any untrue statements may be grounds for dismissal.
2. I understand that appointment to any position is dependent upon:
 - a) My ability to pass a medical examination, where required.
 - b) Successful completion of required courses.
 - c) Successful completion of applicable probationary period.
 - d) That the City of Richmond may contact my former employers to obtain references.
 - e) Successful completion of a Criminal Records Check.

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

Where did you hear about us?

- Newspaper (which one[s]): _____
- Website (which one[s]): _____
- Other: _____