

# FIREFIGHTER APPLICATION

**IMPORTANT: Please read the following instructions before completing this application.**

- The information on this form is being collected to process your application for employment in accordance with the Freedom of Information and Privacy Act and under the authority of the Municipal Act for the purpose of determining your eligibility for employment.
- All questions must be answered in full and copies of all related licences, certificates, diplomas and other proofs of completion must be attached. You may submit a resume although all applicants must complete this form. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
- Please print when completing this application form.
- Submit applications using ONE of the following three methods:



**FAX TO:**  
(604) 294-7710

**MAIL TO:**  
City of Burnaby  
Human Resources Dept.,  
4949 Canada Way,  
Burnaby, B.C. V5G 1M2

**DROP OFF AT:**  
Human Resources Dept.,  
City Hall, West Building,  
6161 Deer Lake Ave.,  
Burnaby, B.C.

**HOURS OF OPERATION:**  
8:00 a.m. - 4:45 p.m. Mon - Fri  
8:00 a.m. - 8:00 p.m. Thursday

**NOTE:** All applications are kept on file for twelve [12] months.

<b>PERSONAL INFORMATION</b> (Please Print)			
Last Name:		Given Name[s]:	
 Daytime:	 Evening:	Other [ e.g.cellular, pager no.]	Are you between 15 & 60 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: Street		City	Province      Postal Code

<b>EDUCATION</b> (Diplomas, Degrees)						
Name & Location of School or Institution	Course Program / Major Field	Degree, Diploma, Credits or Certificate attained	Dates:		Did you graduate?	
			Started	Completed	Yes	No
Grade, Secondary or High School			Circle highest grade completed:			
Post Secondary						
Other						
If any educational certification is from outside Canada, has it been assessed for equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes, by whom:						

<b>Explain reasons for breaks in education and employment history.</b>

**EMPLOYMENT HISTORY (In chronological order - starting with most recent)**

1. Employer's Name and Address:

Position:	Dates worked:	Reason for Leaving:
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Supervisor's Name and Position:	Phone No.
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Duties:

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2. Employer's Name and Address:

Position:	Dates worked:	Reason for Leaving:
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Supervisor's Name and Position:	Phone No.
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Duties:

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3. Employer's Name and Address:

Position:	Dates worked:	Reason for Leaving:
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Supervisor's Name and Position:	Phone No.
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Duties:

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OTHER EMPLOYERS	Address	Position	From:		To:	
			YY	MM	YY	MM

CONSTRUCTION and MAINTENANCE EQUIPMENT (list type & size)	Licence / Certificate No.	Length of Time Actively Used	
		Years	Months

COMPUTER SOFTWARE							
Computer Software Applications Used	Course Taken		Level of Expertise			Length of Time Actively Used	
	Yes	No	" Basic	" Intermediate	" Advanced	Years	Months
			" Basic	" Intermediate	" Advanced		
			" Basic	" Intermediate	" Advanced		
			" Basic	" Intermediate	" Advanced		
			" Basic	" Intermediate	" Advanced		

Additional qualifications, volunteer experience and/or organizational memberships relevant to the firefighter position that you have applied for.

GENERAL INFORMATION				
Have you previously been employed with the City of Burnaby? Yes " No " If yes, Employee No. _____		Are you legally entitled to work in Canada? (Cdn. Citizen or Landed Immigrant) Yes " No "		
Valid Driver's Licence: Yes " No "	Driver's Licence Class: 1 " 3 " 4 " 5 " 6 "	Air Brake Endorsement Yes " No "	Driver's Licence No.	Province

Do you hold a valid First Aid Certificate? Yes " No " If yes, indicate level:

Indicate your aquatic experience and/or training:

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes " No "

Answering yes will not necessarily affect consideration of your application. Offenses related to your intended employment will be reviewed.

Do you have any relatives who are employed by the City of Burnaby? Yes " No " If yes, please list.

This information is required for the City to determine if there is a potential conflict of interest in the area of work you have applied for.

Name	Relationship	Department	Division

What sports do you participate in? (indicate frequency and for how many years)

Do you participate in a regular exercise programme? [If yes, please describe and indicate frequency and for how many years.]

What leisure or recreational activities do you pursue? [indicate frequency and for how many years]

Do you have any physical limitations or health problems that may affect your performance in the type of work you are applying for?

Yes " No " If yes, provide details:

Please explain briefly:

a) your reasons for wanting to become a firefighter.

b) why you consider yourself suited to this position.

Please check off the appropriate box below if you have included the following documents:

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Valid BC Driver's Licence  | <input type="checkbox"/> Driver's Abstract   |
| <input type="checkbox"/> Copy of Air Brake Certificate  | <input type="checkbox"/> Post-secondary Education, Training, Apprenticeship (copy of Certificate, Diploma, Degree) |
| <input type="checkbox"/> Copy of Birth Certificate or other proof of entitlement to work in Canada, i.e. Passport | <input type="checkbox"/> Other proof or certificates of completion   |
| <input type="checkbox"/> Copy of High School Diploma  |  |
| <input type="checkbox"/> Copy of First Aid Certificate  |  |
| <input type="checkbox"/> Copy of Aquatic Certificate  |  |
| <input type="checkbox"/> Proof of completion/copy of certificate of fire service related course/program           |  |

**APPLICANT'S DECLARATION**

[Please read carefully before signing]

**I hereby certify:**

1. That I understand that omissions or misrepresentation made on this application or other documentation and/or tests related to employment will be sufficient cause for cancellation of my application and, if employed, for dismissal from the City of Burnaby.
2. That I understand:
  - I will provide proof of Canadian citizenship/landed immigrant status, proof of education, first aid certification, licences and an up-to-date driver's abstract;
  - my signature on this form is my permission to contact my present/past employers to obtain references;
  - as a condition of employment, I am required to satisfactorily complete a medical examination, a criminal record search, a reference check and a physical abilities test;
  - there is a probationary work period during which my performance and suitability for the position will be reviewed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Date

**Only those applicants being considered for an interview will be contacted.**