

FIREFIGHTER APPLICATION CHECK LIST

You are required to use this check list and include it as the cover page for your application package. Please check applicable boxes and ensure that *all* copies of the corresponding documents are attached. In order to be considered, all of the items listed as "required" must be checked off. By checking off a box and signing below, you acknowledge that you have met the requirement and submitted the appropriate documentation.

Your application package *must* be submitted in the order given below.

Last Name: _____

First Name: _____

Date of Birth: _____

City of Residence: _____

Required:

1. Corporation of Delta Application Form (signed and dated)
2. Proof of Legal Entitlement to Work in Canada
3. NFPA 1001 Levels I & II and/or;
 BC Standard Fire Fighter Level II
Name of Institution: _____
Date of Completion: _____
4. Copy of High School graduation transcript or accepted equivalent
5. Copy of Valid BC Driver's Licence
(a) Class _____
(b) Air Brake Certificate
6. Current Driver's Abstract
Number of Points in Last 3 years: _____
7. Current Physical Fitness Evaluation (CPAT)
Date of Completion: _____
8. One of the following First Aid Certificates:
 First Responder Level III Certificate;
 Emergency Medical Responder;
 Occupational First Aid
9. AED Endorsement or Certification
Date of Completion: _____
10. CPR Level C Certification
Date of Completion: _____

Preferred:

11. Priority given to those with First Responder 3 with endorsements.
12. Additional Fire Service related Courses or Program
 - (a) Technical High Angle Rope Rescue
Date of Completion: _____
 - (b) Hazardous Material Emergency Response
Date of Completion: _____
 - (c) Confined Space
Date of Completion: _____
 - (d) Wildland Fire Fighting
Date of Completion: _____
 - (e) Other
13. (a) Post Secondary Education
(b) Building Construction Training/Experience
(c) Mechanical Training/Experience
(d) Heavy Equipment Operation Training/Experience
14. Fire Related Work Experience
15. Fluency in a Second Language
16. Aquatic Certification
17. Community Involvement

Are you currently employed? If so, please note your current employer(s) below:

Signature: _____

Date: _____



**The Corporation of Delta
Delta Fire & Emergency Services**

COMPETITION #:

Note: Applicants are shortlisted based on the information provided in this form.

**APPLICATION FOR EMPLOYMENT
FIREFIGHTER**

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

1. The Corporation collects this information in accordance with the Freedom of Information and Protection of Privacy Act (BC).
2. The Corporation will only accept this formal application form. Please do **not** submit a resume.
3. All questions must be answered in full and copies of all related licences, certificates, diplomas and other documentation must be enclosed **in the order** outlined in the Check List on page one (1) of this application. Failure to complete this application in full and/or failure to follow these instructions or adding materials not requested may result in your application being rejected. **Incomplete applications will not be considered.**
4. To submit your application, please paperclip this completed application form and all required documentation. **Do not** staple your application and supporting documentation and **do not** submit in a binder or folder. Please ensure you print and sign your name on pages one (1) and nine (9).
5. Completed application packages with all required documentation must be submitted and received by the Human Resources Department by 4:30pm (PST) on the application closing date of **Thursday, January 12, 2012**. The Corporation will **not** consider applications received after 4:30pm on the posted closing date.
6. You may submit an application using ONE of the following three methods. Please note that faxes will not be accepted.

Mail or Courier to:

The Corporation of Delta
Human Resources
4500 Clarence Taylor Crescent
Delta, BC V4K 3E2

Apply in person at:

Human Resources
2nd Floor – Municipal Hall
4500 Clarence Taylor Crescent
Delta (Ladner)

Email* to:

employment@corp.delta.bc.ca
*Maximum of two (2) file attachments.
Only .pdf, .doc or .docx file attachments will be accepted. Signature will be required at time of interview.

Hours of Operation: 8:00am - 4:45pm Monday to Friday; 8:00am - 8:00pm Thursday

7. You must meet the minimum required qualifications on the application closing date of Thursday, January 12, 2012. Only applicants who meet the minimum required qualifications on January 12, 2012 (and whose application is regarded as complete at that date) will be considered for advancement in the recruitment process. For detailed information on the recruitment and application process, please refer to the Delta Fire and Emergency Services webpage.
8. Shortlisted applicants that will be invited to proceed to the next recruitment stage will be notified by e-mail or telephone (please do not call for updates on your status during the recruitment process).

PERSONAL INFORMATION			
(Please print)			
Last Name:	Given Name(s):		
Street Address:	City:	Province:	Postal Code:
Home Phone:	Cell Phone:		
Email Address:			

EDUCATION				
(Please enclose a copy of ALL required certificates and/or documents)				
Name and location of Secondary or High School:			Mark highest grade completed	
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	
Name and location of Post Secondary Institution (College or University):	Course Program / Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed	Did you graduate? Yes No
Name and location of Other Institution (Trade or Technical):	Course Program / Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed	Did you graduate? Yes No
If any educational certification is from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, by whom:				

REQUIRED QUALIFICATIONS	
(Please enclose a copy of ALL required certificates and/or documents)	
Are you a Canadian Citizen or Landed Immigrant? Please enclose a copy of your Birth Certificate or other proof of legal entitlement to work in Canada. If "No", what is your status? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate of completion of NFPA 1001 Levels 1 and 2 and/or BC Standard Firefighter Level II or equivalency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution: _____	
Location: _____ Telephone #: _____	
Date Started: _____ Date Completed: _____ Class #: _____	
Proof of High School graduation or equivalent Please enclose a copy of your high school transcript or equivalent.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVERS LICENCE

(Minimum BC Class 3 required or recognized equivalent)

Driver's Licence Class? (Please attach a copy)

1 3

Identify any restrictions:

Driver's Licence Number:

Air Brake Endorsement?

Yes No

(Class 3 with air brakes is required)

How many points do you have on your driver's record in the last 3 years? _____ points

Please enclose a copy of your current Driver's Abstract, dated no more than 30 days prior to the application closing date.

Applicants must demonstrate responsible and safe driving behaviour; more than six points in the **last three years** from the date of application is considered excessive.

HEALTH

Do you have current (within past 12 months from date of application) documented proof of a physical assessment from the Candidate Physical Ability Test (CPAT - <http://www.abbotsfordcpat.ca>) Yes No

We will continue to accept documentation related to the CPAT assessment up to January 31, 2012.

Applicants must meet the National Fire Protection Association Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition (referred to as "NFPA 1582"). Once you have reviewed the NFPA 1582 guidelines and if you still have questions related to the medical and physical requirements, please contact Maida Valkenier, Clinical Director at Medisys Health Group, at 604-318-7991.

FIRST AID

(Please enclose a copy of ALL required certificates and/or documents)

Indicate which of the following first aid certifications you hold:

Priority given to those with First Responder Level 3 with endorsements.

First Responder Level 3

Yes No

Certification & Expiry date:

Emergency Medical Responder

Yes No

Certification & Expiry date:

Occupational First Aid

Yes No

Certification & Expiry date:

Do you hold a valid AED Endorsement/Certification?

Yes No Expiry Date: _____

Do you hold a valid CPR-C Certificate?

Yes No Expiry Date: _____

PREFERRED QUALIFICATIONS
(Please enclose a copy of ALL supporting documentation)

Do you hold a valid Spinal Endorsement?
 Yes No Expiry Date: _____

Additional Fire Service Related Courses (circle level of achievement):

- | | |
|---|---|
| <input type="checkbox"/> Hazardous Materials: Awareness, Operations, Technician | <input type="checkbox"/> Swift Water Rescue |
| <input type="checkbox"/> High Angle: Awareness, Operations, Technician | <input type="checkbox"/> Shipboard Firefighting |
| <input type="checkbox"/> Confined Space: Awareness, Operations, Technician | <input type="checkbox"/> Aircraft Rescue |
| <input type="checkbox"/> Wildland Firefighting | <input type="checkbox"/> Incident Command |
| <input type="checkbox"/> Critical Incident Stress | <input type="checkbox"/> Auto Extrication |

Please list any other fire service related courses:

Do you have auxiliary/volunteer Firefighting experience:

Yes No

Location	Start Date	End Date

ADDITIONAL TRAINING & EXPERIENCE
(Please enclose a copy of ALL supporting documentation)

Post-secondary education and/or building construction training or experience:

Mechanical training or experience:

Heavy Equipment training or experience:

Ability to swim and related life saving certificates: Yes No

List certificates achieved: _____

Languages: Indicate language proficiency (other than English) and check the boxes based on your skill level.

Specify language, then rate your proficiency:	Speak	Read	Write	Sign Language	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MAINTENANCE EQUIPMENT / TRUCKS USED (List by type and size)			Length of Time Actively Used		
			Years	Months	
TICKETS / LICENSES / CERTIFICATES / MEMBERSHIPS OBTAINED (Relevant to position applied for)			Province issued	Year	
COMPUTER SOFTWARE					
Computer Software Applications	Course taken?		Level of Expertise	Length of time actively used	
	Yes	No		Years	Months
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		

GENERAL INFORMATION
What sports do you participate in (Indicate the frequency and for how many years)?
Do you participate in a regular exercise program (If yes, please describe and indicate frequency and for how many years)?
What leisure or community oriented activities do you pursue (Indicate the frequency and for how many years)?
Community Involvement:

GENERAL INFORMATION (CONT'D)

Please explain briefly:

a) What are your reasons for wanting to become a Firefighter?

b) Why do you consider yourself suited for this position?

EMPLOYMENT HISTORY
(Start with the most recent)

1. Employer's Name and Address:

Position:	Dates Worked:	Reason for Leaving (if applicable):
Supervisor's name and position:		Phone Number:
Duties:		

2. Employer's Name and Address:

Position:	Dates Worked:	Reason for Leaving:
Supervisor's name and position:		Phone Number:
Duties:		

3. Employer's Name and Address:

Position:	Dates Worked:	Reason for Leaving:
Supervisor's name and position:		Phone Number:
Duties:		

PLEASE EXPLAIN BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

Have you previously been employed with The Corporation of Delta?

Yes No If yes, Previous Position: _____

Have you applied for a firefighter position with The Corporation of Delta Fire Department within the last five (5) years?

Yes No If yes, what stage did you get to? _____

Do you have any relatives who are employed by The Corporation of Delta? Yes No. If yes, please list. This information is required for the Corporation to determine if there is a potential conflict of interest in the area of work you have applied for.

Name	Relationship	Department	Division

CRIMINAL RECORD CHECK INFORMATION

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

Answering yes will not necessarily affect consideration of your application. Candidates will be required to successfully complete a Criminal Records Check. Offences related to your intended employment will be reviewed.

Please indicate your consent to a criminal record check if or when required in this recruitment process: Yes No

APPLICANT'S DECLARATION

Please read carefully before signing.

By signing this form, I hereby certify:

1. That I understand that omissions or misrepresentations 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 Corporation of Delta.
2. That I understand:
 - I am providing permission to The Corporation of Delta to contact my present and past employers to obtain work related and/or character references;
 - I am providing permission to The Corporation of Delta to verify any documentation provided with this application;
 - I am responsible for paying a portion of the fee for the Medisys examination required at stage six (6) of the recruitment process if I am successful in all preceding pre-screening processes;
 - I will be required to attend a ride-along program if I am successful in all preceding pre-screening processes;
 - I will be required to pass a medical/physical examination and to satisfactorily complete a criminal records check;
 - Should I be hired as a Firefighter, there will be a probationary work period of one (1) year during which my performance and suitability for the position will be reviewed.

X

Applicant's Signature

Please Print Name

Today's Date

We would like to acknowledge the time and effort spent by each applicant in pursuit of a career as a firefighter. Thank you for considering Delta Fire & Emergency Services as a potential employer.