



**The Corporation of Delta
Human Resources**

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. **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.**
3. The Corporation does not consider applications received after 4:30 p.m. on the posted closing date.
4. You may submit an application using ONE of the following four methods.

Mail 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)

Fax to:
604-946-3706

Email* to:
employment@corp.delta.bc.ca

* Signature will be required at time of interview

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

PERSONAL INFORMATION (PLEASE PRINT)			
Last Name:		Given Name(s):	
Home Phone: _____ - _____ - _____		Cell Phone: _____ - _____ - _____	
Work Phone: _____ - _____ - _____		E-mail: _____	
Street Address:	City:	Province:	Postal Code:

EDUCATION					
Name and location of Secondary or High School:				Circle highest grade completed	
				9 10 11 12 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					

REQUIRED QUALIFICATIONS

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

Are you a Canadian Citizen or Landed Immigrant? Yes No
Please attach a copy of your Birth Certificate or other proof of legal entitlement to work in Canada.
If "No", what is your status? _____

Certificate of completion of NFPA 1001 Levels 1 and 2 and/or BC Standard Firefighter Level II or equivalency. Yes No
Name of Institution: _____
Date Started: _____ Date Completed: _____

Proof of High School graduation or equivalent. Yes No

DRIVERS LICENCE

Driver's Licence Class? (Please attach a copy) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 (Class 3 with air brakes is required)	Driver's Licence Number:	Air Brake Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How many points do you have on your driver's record? _____ Points (Please attach a copy of a current Driver's Abstract)
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

Current (within past 12 months from date of application) documented proof of a physical fitness assessment from Fit-Tech Consulting (www.fit-tech.org) or CPAT (e.g. www.abbotsford.ca). Yes No

We will continue to accept documentation related to the physical fitness assessment up to the completion of the Ride Along phase of our recruitment process.

Current (within past 12 months from date of application) documented proof of medical fitness to perform the job of a firefighter. e.g. Results of testing by MCM Occupational Health Services or other agencies testing **specific** to the job of firefighter. Yes No

Vision – 20/30 uncorrected and unaided in each eye, and acceptable colour vision without aids as determined by Ishihara screening and additional colour vision tests as required for the position of a Firefighter. This should show as part of your medical assessment. 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. Yes No

Do you have normal, unaided hearing? Yes No

FIRST AID

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification & Expiry date:
Emergency Medical Responder <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification & Expiry date:
Occupational First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification & Expiry date:
Do you hold a valid AED Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: _____	Do you hold a valid CPR-C Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: _____

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. Offences related to your intended employment will be reviewed. Candidates will be required to successfully complete a Criminal Records Check.

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

CONSTRUCTION AND 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 Used	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).
Do you have any physical limitations or health problems that may affect your performance in the type of work you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:

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?

Have you previously been employed with the Corporation of Delta?

Yes No If yes, Previous Position: _____

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

APPLICANT'S DECLARATION

Please read carefully before signing.

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:
 - My signature on this form is my permission for the Corporation of Delta to contact my present and past employers to obtain work related and/or character references;
 - I will be required to attend a ride-along program if I am successful in all pre-screening processes;
 - As a condition of employment I will be required to pass a medical exam and to satisfactorily complete a criminal records search;
 - Should I be hired as a Firefighter, there will may be a probationary work period during which my performance and suitability for the position will be reviewed;

X

Applicant's Signature

Please Print Name

Today's Date

Only those applicants being considered for an interview will be contacted – please do not call to request information on the status of your application during the pre-screening process.

Information regarding the Delta Fire Department and the recruitment process can be found at:

www.deltafire.ca



**The Corporation of Delta
HUMAN RESOURCES**

CRIMINAL RECORDS CHECK

FIREFIGHTER APPLICANT

CONSENT FOR A CRIMINAL RECORDS CHECK *and* CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED (*as per the Criminal Records Act*)

PLEASE WRITE LEGIBLY (Fill in completely)

Full Name of Applicant:		
Surname	Given Name	Middle Names
Other Names:		Sex: Male: Female:
Aliases and/or Maiden Surname		
Birth Date: Year	Month	Day Birthplace:
(City/Province/Country)		
Current Address: Street:		City:
(within last 5 years only)		
Previous Address: Street:		City: Province
Telephone:		Other Phone #:
Social Insurance #	Drivers License #	Prov.

I authorize the Delta Police Department to determine whether I have a criminal record, and to release the record to the Corporation of Delta HUMAN RESOURCES.

I request, consent and authorize the **Delta Police Department** to search and disclose information contained in a criminal record (convictions, absolute or conditional discharges, or have been charged under any Federal enactment for which a disposition is awaiting or has been entered) and to release the information found to the **Corporation of Delta**, Human Resources Division or designated department.

I consent to information contained in a criminal record, found as a result of a criminal record check for a sexual offence for which a pardon has been granted or issued, being disclosed to the person or organization referred herein, namely, the Corporation of Delta or designate responsible for the well-being of one or more children or vulnerable person, to whom or to which I am applying or have applied for a paid, contractual or volunteer position. I understand that as a result of giving this consent, that information will be disclosed by the Delta Police Department to the person or organization, even though a pardon has been granted or issued for the offence.

If there is a requirement to verify that I do or do not have a criminal record, I may be required to voluntarily provide the Delta Police Department with my fingerprints. In that case the fingerprints will be returned to me after this check has been completed.

I understand that disclosure of criminal record information is not an automatic bar to my employment and no decision to bar me will be made until I have the opportunity to discuss the circumstances of the criminal record.

**Submitted by: Fire Chief
Department: Delta Fire**

Signature of Applicant: _____ Date: _____

**(FORM MUST BE SUBMITTED TO HUMAN RESOURCES WITH A LEGIBLE COPY OF PICTURE ID AND PROOF OF DATE OF BIRTH)
(Drivers License/Current Passport/BCID **OF** Birth Certificate/Landed Immigrant Card and Picture ID)**

CHECK LIST

Please check applicable boxes and ensure that *all* copies of the corresponding documents are attached.

Required:

1. Corporation of Delta Application Form
2. Proof of Legal Entitlement to Work in Canada
3. NFPA 1001 Levels I & II and/or;
 BC Standard Fire Fighter Level II
4. Proof of High School graduation or equivalent
5. Valid BC Driver's Licence
 - (a) Class _____
 - (b) Air Brake Certificate
6. Current Driver's Abstract
7. Current Physical Fitness Evaluation
8. Current Medical Assessment including vision and hearing
9. One of the following First Aid Certificates:
 - First Responder Level III Certificate;
 - Emergency Medical Responder;
 - Occupational First Aid
10. AED Endorsement
11. CPR-C Certification
12. Criminal Record Check Authorization Form

Preferred:

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