



Application for Employment Oak Bay Fire Department

PERSONAL INFORMATION (Please Print)

Last Name:

Given Names:

Address (Street, City, Province, Postal Code):

Telephone:

HOME ()

WORK ()

CELL ()

Fax Number:

Email Address:

Date Available for Work:

Legal Status to Work in Canada – documentation may be required

Check applicable status:

- Canadian Citizen
- Landed Immigrant/Permanent Resident
- Work Permit
- Other – please specify: _____

Valid B.C. Driver's License?

YES NO

Driver's License Class?

1 2 3 4 5 6

Air Brake Endorsement?

YES NO

EDUCATION

Name and Location of Secondary or High School	Grade Completed

Name and Location of Post Secondary Institution (College or University)	Course Program	Degree, Diploma, Credits of Certificate Obtained	Dates Attended:	Did you Graduate?

Name and Location of Other Institution (Trade or Technical)	Course Program	Degree, Diploma, Credits of Certificate Obtained	Dates Attended	Did you Graduate?

NFPA 1001 Level I and II

Name and Location of the Instructional Institution (Academy)	Dates Attended

Name and Location of the Instructional Institution (Academy)	Refresher Training Dates

EMPLOYMENT HISTORY
(START WITH THE MOST RECENT)

Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving (if applicable):

Supervisor's Name and Position:

Phone Number:

Duties:

Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving (if applicable):

Supervisor's Name and Position:

Phone Number:

Duties:

Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving (if applicable):

Supervisor's Name and Position:

Phone Number:

Duties:

EMPLOYMENT HISTORY
(CONTINUED)

Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving (if applicable):

Supervisor's Name and Position:

Phone Number:

Duties:

Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving (if applicable):

Supervisor's Name and Position:

Phone Number:

Duties:

OTHER REFERENCES

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

VOLUNTEER EXPERIENCE	Location	From YY/MM	To YY/MM

PLEASE EXPLAIN BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

FIRST AID CERTIFICATES AND ENDORSEMENTS		
Certificates	Endorsements	Expiry Date
First Responder Level III YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> Spinal <input type="checkbox"/> AED	
CPR Level C YES <input type="checkbox"/> NO <input type="checkbox"/>		
Occupational First Aid Level III YES <input type="checkbox"/> NO <input type="checkbox"/>		

OTHER QUALIFICATIONS

(Please attach a copy of your certificate(s))

Certificate(s) related to Swimming and Lifesaving:

Have you completed any additional Fire Service related courses? (Please list below)

Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:

Please list any other courses:

References

During an interview, we may discuss your references with you. By making this application, you understand that, in order to determine your suitability for employment, you authorize us to contact your references as well as any other individuals we may bring to your attention during the course of our selection process.

PERSONAL REFERENCES	
Name	Phone number(s)

READ CAREFULLY BEFORE SIGNING

Applicant's Declaration

By submitting my application, I certify that the information I am providing in my application for this position is true and complete to the best of my knowledge. I understand that if I provide information in connection with my application which is found to be untrue or incomplete, my application may be rejected and I may be subject to discipline up to and including termination if I am hired as the successful applicant.

I understand that appointment to any position is dependent upon:

- My ability to pass a Firefighters Medical Examination
- Successful completion of an applicable probationary period

I consent, **YES** or **NO**

Applicant's Signature

Date