



VANCOUVER FIRE AND RESCUE SERVICES APPLICATION FORM

When completing the VFRS application form, please consult the VFRS *Guide for Applicants*. You are required to use and sign the checklist below to ensure your application is submitted according to the specific requirements. If you have applied in the past, you will need to submit a new application.

Fire Fighter Application Checklist

This form can be completed by tabbing or clicking through the form fields. By check-marking a box, you acknowledge that you meet the requirement and/or have included the required documentation.

Last Name	First Name	Middle Name
<p style="text-align: center;">Application Requirements</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eligible to apply for current intake <input type="checkbox"/> Two years accumulated work experience after the completion of High School <input type="checkbox"/> No criminal charges or convictions for which you have not received a pardon that are related to the duties of the position <input type="checkbox"/> November 2008 application form used <input type="checkbox"/> Supply names as they appear on legal documents <input type="checkbox"/> Legal entitlement to work in Canada <input type="checkbox"/> All documents submitted unbound and unstapled in an envelope <input type="checkbox"/> Application submitted to #1 Fire Hall: Vancouver Fire and Rescue Services 900 Heatley Avenue Vancouver, BC V6A 3S7 prior to 5:00 PM on the closing date 	<p style="text-align: center;">Documentation Requirements</p> <p style="text-align: center;">Submit in the following order:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Detailed resume specifying months and years where applicable (e.g. Feb 2002-Mar 2003, not 2002-2003) <input type="checkbox"/> Copy of NFPA 1001 Level I & II displaying the IFSAC/ProBoard seal certification <input type="checkbox"/> Copy of Grade 12 or GED transcript (not diploma) <input type="checkbox"/> Copy of transcripts demonstrating 30 post secondary credits or a transcript demonstrating 1 year minimum approved apprenticeship (excluding your NFPA 1001 Level I & II or the first 56 hours of the required First Aid) <input type="checkbox"/> Current drivers abstract (dated no more than 30 days prior to the VFRS application closing date) <input type="checkbox"/> Copy of a valid WCB, OFA level III, BC First Responders Level III certificate or out of province equivalent showing 56 hours or more (MUST be kept valid while active in our recruiting process) 	
<p style="text-align: center;">Driving Requirements</p> <ul style="list-style-type: none"> <input type="checkbox"/> Class 3 driver's licence certified to operate vehicles with more than two axels <input type="checkbox"/> Air brake endorsement <input type="checkbox"/> A driving record that demonstrates responsible and safe driving behaviour 	<p style="text-align: center;">Health Requirements*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Colour vision safe <input type="checkbox"/> Normal hearing without artificial aids <input type="checkbox"/> 20/30 corrected binocular vision and 20/100 uncorrected binocular vision or better <p><small>*No documentation is required at this stage. The assessment will be done during the health and medical evaluation stage.</small></p>	

Don't jeopardize your opportunity.
1 out of 3 applicants are disqualified for flawed applications - don't be one of them.

Signature

Date

For Office Use Only			
Move onto next stage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
Date of screening: _____	PIN Letter sent <input type="checkbox"/>		
Initials of screener: _____	Entered/Posted to Web <input type="checkbox"/>		



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Firefighter Application Form

Complete all items in full. If an area of the form does not apply to you, specify N/A. This form can be completed by tabbing or clicking through the form fields.

Personal Information

To support your application for employment with the City of Vancouver we need to collect some personal information from you. This information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). It will only be released in accordance with the FOIPPA or as otherwise required by law. Questions about how the FOIPPA applies to this information may be directed to the Manager, Corporate Information and Privacy, City Clerk's Department, 453 West 12th Avenue, Vancouver, BC V5Y 1V4, Tel: 604.873.7999.

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>
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Other Names you are known by

Street Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>	Postal Code <input style="width: 95%;" type="text"/>
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Home Phone Number <input style="width: 95%;" type="text"/>	Alternate Phone Number(s) <input style="width: 95%;" type="text"/>
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Are you legally entitled to work in Canada? Yes No

To work in Canada you must have one of the following: Canadian citizenship, immigrant status with authorization to work

Have you applied for a firefighter position with Vancouver Fire and Rescue Services within the last two (2) years? Yes No

If yes, what stage did you get to? _____ Date(s): _____

Education

Name and location of school	Program/course	Name of certificate or qualification received	Date of completion
Firefighter Education Phone Number:	NFPA 1001, Level I & II or authorized equivalent	Certificate Numbers:	
Technical/Trade School/Post-Secondary			
High School or equivalent	Grade 12 or equivalent		
Other courses (include all information as required above)			



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Related Skills, Knowledge and Abilities

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

Specify, 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"/>		

Knowledge of different cultures: Describe your work, volunteer, or travel experience where you gained insight or built relationships with people from diverse cultural backgrounds.

Teamwork: Highlight activities that demonstrate your ability to work cooperatively with others (e.g. work teams, sports teams, community organizations, school projects).

Oral communication skills: Describe situations where you have had to demonstrate effective oral communication skills.

Written communication skills: Describe your experience in expressing information and ideas in writing.

Mechanical ability: Describe your experience using mechanical systems, tools, equipment and apparatus (e.g. pumps, valves, sprinkler systems, repairing/using small motors and equipment, repairing appliances/office equipment).

Building construction knowledge: Highlight activities that demonstrate your knowledge and ability in building construction (e.g. materials, methods, inspection, maintenance, design and/or construction of buildings, electrical systems, reading blueprints/charts/diagrams/maps).

Driving skills: Describe your experience that indicates your ability to safely drive emergency vehicles and/or other large vehicles in various types of traffic and weather conditions.

Activities that demonstrate your knowledge of first aid: (e.g. First Aid Attendant, Auxiliary Coast Guard, CPR, Nursing, Paramedic, Rescue Procedures, Lifeguard, Search & Rescue)



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Physical Fitness: Describe activities that participate in on a regular basis that demonstrates maintenance of your physical fitness.

Stress Tolerance: Describe life and/or work experience that demonstrates your ability to function under pressure.

Volunteer experience: Describe activities that demonstrate your commitment to volunteer work.

Other knowledge, abilities, skills and personal qualities: e.g. computer skills

Previous Employment with the City of Vancouver

Are you a former employee of the City of Vancouver or any of its related boards?

Yes

No

If yes, please complete the following information:

Employee No.

Surname (if changed from previous employment)

Department

Position

Reason for Leaving



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Employment History

Start with your present employer. Include times of self-employment, unemployment, extended travel, apprenticeship, paid on-call or volunteer firefighting work. Ensure all the same information is included in your resume if you require more space.

1. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		

2. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		

3. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		

4. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		

5. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		

6. Employer's Name:

To: From:	Address:	Nature of work (show job progression if applicable):	
Shift Work Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone #:	Supervisor's Name:	
	Reason for leaving:		



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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. Starting with the most recent, provide us with the following information:

Name of employer/organization	Supervisor's name & position	Phone number(s)

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 consent. Yes or No

Applicant's Signature

Date