

CITY OF CASTLEGAR  
460 Columbia Avenue, Castlegar, B.C. V1N 1G7  
Phone: (250) 365-3266 Fax: (250) 304-2562

FIRE DEPARTMENT  
MEMBERSHIP APPLICATION

To ensure prompt consideration of your application,  
complete this form accurately and legibly.

Date Received \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date Available: \_\_\_\_\_

**PERSONAL DATA**

Name: _____			
Last	First	Middle	
Residential Address: _____		Telephone: ( ) - _____	
Street		Home	
Mailing Address (if different): _____		( ) - _____	
		Work	
Date of Birth: _____			
City	Day	Month	Year
Social Insurance No. _____		-	-
Province	Postal Code		
Do you have any Fire Service Experience? _____ If yes, give position, dates of employment and reason for leaving.			
Do you have any medical/physical disabilities which would/could affect your performance in the Fire Service? _____ If yes, please explain. _____			
Have you ever been discharged or asked to resign from any position? _____			
If yes, explain _____			
May we contact the employers listed in this application? _____ If no, indicate which one(s) you do not wish us to contact. _____			
If you were employed by any of the listed employers under a different name, please state the name. _____			

**COMPLETE ALL SECTIONS UNLESS OTHERWISE INDICATED**

## EDUCATION

ELEMENTARY AND HIGH SCHOOL					
Highest grade completed _____ Year of graduation or last year of school _____					
Name and location of High School _____					
POST SECONDARY					
NAME AND LOCATION	YEARS ATTENDED FROM TO	YEARS COMPLETED SUCCESSFULLY	MAJOR OR PROGRAM	DID YOU GRADUATE?	DEGREE OR DIPLOMA OBTAINED
UNIVERSITY/COLLEGE					
TRADE OR TECHNICAL					
BUSINESS OR COMMERCIAL					
OTHER TRAINING					

## EMPLOYMENT HISTORY

LIST PRESENT OR MOST RECENT EMPLOYER FIRST				
MO.	YR.	EMPLOYER'S NAME AND ADDRESS	POSITION/DUTIES	REASON FOR LEAVING
From:				
To:		Supervisor:		
From:				
To:		Supervisor:		
From:				
To:		Supervisor:		

## SKILLS AND QUALIFICATIONS

B.C. Drivers Licence Number: _____ Class _____ Prov./Terr _____
Do you have any restrictions/endorsements on your Drivers Licence? _____ No _____
List any other equipment including heavy equipment that you are qualified to operate _____
_____
_____
List other special skills, interests, abilities or qualification _____
_____
_____
_____

## CHARACTER REFERENCES - Exclude relatives

NAME OCCUPATION	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REMARKS

Additional information or comments: (If more space is required please use a separate sheet of paper).
_____
_____
_____

## CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree that this information may be verified by the City, and that any intentional misrepresentation of facts shall constitute cause for rejection of this application or, if I am employed by the City on the basis of this application may constitute cause for dismissal.	
Signature of Applicant _____	Date _____

