



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

Province Postal Code Social Insurance No. - - -

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

Highest grade completed _____ Year of graduation or last year of school _____

Name and location of High School _____

POST SECONDARY

NAME AND LOCATION	YEARS ATTENDED TO AND FROM	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

	EMPLOYER'S NAME AND ADDRESS	POSITION/DUTIES	REASON FOR LEAVING
From:			
To:	Supervisor:		
From:			
To:	Supervisor:		
From:			
To:	Supervisor:		

SKILLS AND QUALIFICATIONS

B.C. Driver's License Number: _____	Class _____	Province _____
Do you have any restrictions/endorsements on your Drivers License? _____ 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 _____

