



Trades & Apprenticeship Application Form

Please complete this form accurately as it will become an important part of the assessment to determine your suitability for the position. As an equal opportunity employer, the City of Vancouver values candidates who reflect the diversity of our community. We invite applications from all qualified candidates. You will need to:

- Complete a separate application form for every position for which you apply (attach your resume if you wish)
- Complete all required areas marked by an asterisk (*)

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 | * First Name | * Employee No. (CoV employees only) | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| * Address: No. | Street | * City | |
| <input type="text"/> | | <input type="text"/> | |
| * Province | * Postal Code | * Phone No. (day) | Phone No. (alternate) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail Address | | | |
| <input type="text"/> | | | |

* Are you legally entitled to work in Canada and BC? Yes or No

To work in Canada you must have one of the following: Canadian citizenship, immigrant status with authorization to work, or a valid work permit. In BC, if you are under the age of 15 and wish to be employed, you must have written permission from your parent or guardian.

What position(s) are you applying for?

| Garage | Shop | Traffic & Electrical |
|--|--|---|
| <input type="checkbox"/> Automotive Mechanic <input type="checkbox"/> Autobody Worker <input type="checkbox"/> Commercial Transport Mechanic <input type="checkbox"/> Heavy Duty Mechanic <input type="checkbox"/> Apprentice: | <input type="checkbox"/> Blacksmith <input type="checkbox"/> Machinist <input type="checkbox"/> Steel Fabricator <input type="checkbox"/> Apprentice: | <input type="checkbox"/> Carpenter <input type="checkbox"/> Millwright <input type="checkbox"/> Electrician <input type="checkbox"/> Electrical Apprentice |
| Other: <input type="checkbox"/> Tireworker <input type="checkbox"/> Storekeeper <input type="checkbox"/> Utility Worker <input type="checkbox"/> Auto Service Worker or specify: | | |

Trades & Apprenticeship Information

| Trade | BC Trades Qualification Certificate No.* | Out of Province Trades Qualification Certificate No.* |
|----------------------|--|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Presentation of certificate(s) will be required

Is your Pre-Apprenticeship training complete? Yes or No

| | | |
|------------------------------|----------------------|----------------------|
| If yes, which trade? | If no, state trade | Time served |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name and address of company: | | |
| <input type="text"/> | | |

Driver's Licence & Abstract

| | | | |
|----------------------------|-----------------------------|----------------------|---|
| Number | Class(es) | Province of issue | Expiry date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Number of points on record | Air brake endorsement? | | Yes <input type="checkbox"/> or No <input type="checkbox"/> |
| <input type="text"/> | Driver's abstract attached? | | Yes <input type="checkbox"/> or No <input type="checkbox"/> |

Thank you for your interest. Please return Trades & Apprenticeship Application Forms to the appropriate location:
 Garage & Shop: Equipment Service, Engineering Dept, 250 West 70th Ave, Vancouver, BC V5X 2X1 Fax: 604.326.4735
 Electrical: Traffic & Electrical, Engineering Dept, 701 National Ave, Vancouver, BC V6A 4L3 Fax: 604.871.6290

Education

What grade of secondary school (high school) have you completed? _____

| Name and location of school | Program / Course | Name of certificate or qualification received | Date of completion |
|--|------------------|---|--------------------|
| Technical/Trade School/Post-Secondary | | | |
| College/University/Other | | | |
| Work related courses (e.g. first aid, supervisory training): | | | |

Work Experience (please start with your most recent position)

| | | | |
|-----------------------|--------------------|------------------------|-----|
| Employer's Name | Position Title | Dates worked (mm/yy) | |
| | | From: | To: |
| Description of duties | | Reason for leaving | |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone No. | |

| | | | |
|-----------------------|--------------------|------------------------|-----|
| Employer's Name | Position Title | Dates worked (mm/yy) | |
| | | From: | To: |
| Description of duties | | Reason for leaving | |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone No. | |

| | | | |
|-----------------------|--------------------|------------------------|-----|
| Employer's Name | Position Title | Dates worked (mm/yy) | |
| | | From: | To: |
| Description of duties | | Reason for leaving | |
| Supervisor's Name | Supervisor's Title | Supervisor's Phone No. | |

Additional Information

* Are you a former employee of the City of Vancouver or any of its related boards? Yes or No

If yes, please complete the following information:

| | | | |
|----------------------|----------------------|----------------------|---|
| * Employee No. | * Department | * Position | * Surname (if changed from last employment) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

* Reason for leaving

Please describe why you would like to work for Engineering Services and outline what makes you a suitable candidate. Enter any other information to support your application. (e.g. second languages, volunteer experience)

References

If you are contacted to attend an interview, you will be required to bring at least three (3) preferably work-related references that support your application. During the interview, we will 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.

*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

* When submitting by e-mail and if you are contacted for an interview, your signature will be required at that time. A successful applicant may undergo a medical examination by the City's Occupational Health Physician and any required subsequent tests to establish that the applicant is medically fit for the position.

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