

Application for Motorcycle Instructor Employment/Training

Instructor Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Unit # City Postal Code

Home Phone: _____ Cell: _____

Work Phone: _____ Email : _____

Social Insurance No. _____ Driver's License No. _____ Classes: _____

Years licensed for motorcycle: _____ **Please attach an ICBC Drivers Abstract to this form** (available without charge from any ICBC Driver Licensing Office)

Motorcycles Currently Owned: Year: _____ Make: _____ Model: _____
Year: _____ Make: _____ Model: _____

How many kilometers do you ride per year _____ in total _____

Are you a Canadian citizen? Yes No If no, are you authorized to work in Canada? Yes No

Medical Information

Medical Information Do you have any hearing or vision impairments? Yes No

If yes, please give details: _____

Do you have any other medical conditions, disabilities or limitations? Yes No

If yes, please give details: _____

Emergency Contact: _____ Home Phone: _____ Cell: _____

Current Employment Information

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

May we contact your current employer for a reference? Yes No

Application for Motorcycle Instructor Employment/Training

Previous Employer: _____ Phone: _____

Dates of employment: From _____ to _____ Reason for leaving: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Previous Employer: _____ Phone: _____

Dates of employment: From _____ to _____ Reason for leaving: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

May we contact this employer for a reference? Yes No

Education & Training Information

Highest educational level achieved: _____ Course of study: _____

Name of educational Institution: _____

Additional training/certificates/diplomas (please include name, type and year obtained): _____

Instructional Experience

Have you ever been involved in coaching or instructing? Yes No If yes, please describe and list qualifications and years(s) obtained: _____

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Club Involvement & Recreational Activities

List membership and social, athletic or recreational activities: _____

Accident History (any vehicle type in the last 5 years)

Attach additional pages if required.

1. Year: _____ Vehicle Operated: _____ Description: _____

Conviction: Yes No Injuries: Yes No

2. Year: _____ Vehicle Operated: _____ Description: _____

Conviction: Yes No Injuries: Yes No

3. Year: _____ Vehicle Operated: _____ Description: _____

Conviction: Yes No Injuries: Yes No

Requirements

ICBC requires that Instructor Candidates meet the following basic requirements:

- Must be at least 19 years of age;
- Must be able to pass a Driver's Medical;
- Must be able to pass a Criminal Record Check;
- Must have an acceptable Driver's Abstract. *Note: Abstracts are considered on a case-by-case basis according to the number and type of offences.*
- Must have a valid BCDL;
- Must have held a full Class 6 motorcycle license for a minimum of 3 years. If a Candidate's riding history is from another province/country, the Candidate must be able to show proof of 3 years of licensed riding history from that jurisdiction.

Do you feel that you will have any issues meeting any of the above requirements? Yes No

Instructors must be able to load motorcycles on and off of a trailer and lay out and pick up dozens of cones throughout the training day. Are you physically capable of such work?

Yes No

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Commitments

Please describe your current work schedule, if applicable:

Do you have other regular commitments that would make you unavailable for work at KDSC?

KDSC's instructional season runs from March to October. How do you see your other commitments fitting in with a work schedule at KDSC?

What is your preferred work schedule with KDSC? (check all that apply)

- Full Time Part Time Weekends Weekdays Evenings

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Application for Training

I hereby apply for training as an Instructor in the Kelowna and District Safety Council Society's (KDSC) Motorcycle Training Program and agree to pay any fees or tuitions incurred in the process of becoming an Instructor. I also agree to abide by all rules and regulations governing my conduct as an Instructor as may be established by KDSC and/or the I.C.B.C.

Signature: _____ Date: _____

Waiver of Liability

I hereby release the Kelowna and District Safety Council Society, its' officers and instructors, from all responsibility, property damage, bodily injury, liability, costs and expenses and claims of every nature and kind whatsoever arising from or in consequence of my participation in any of the Training Courses conducted by the Council, and agree to save harmless the Kelowna and District Safety Council Society, its' officers and instructors, from all claims and rights of action which may arise through my participation in the course.

Full Name: _____ Date: _____

Signature: _____

Witness Name: _____ Date: _____

Witness Signature: _____

Witness Address: _____

**Please forward this completed Application to: Ayn Lexi, Executive Director,
The Kelowna & District Safety Council Society E: alexi@kdsc.bc.ca**