



**PAID ON CALL FIREFIGHTER APPLICATION
FORM**



Please select which fire hall you are applying to:

☐

Mannville

☐

Innisfree

The personal information on this form is collected under the authority of s.26 of the Freedom of Information and Protection of Privacy Act. This information will be used for the purpose of determining the suitability of applicants for the position of paid on call firefighter. If you have any questions on the collection of personal information, please contact the Director of Protective Services at the County of Minburn at 780-632-2082.

**Accurate, legible completion of this application form is the first step in the department screening process.
Incomplete or inaccurate applications will not be accepted. Supply all information requested.**

SECTION A: PERSONAL INFORMATION

Last Name:	Given Name(s):	
Street Address:	City:	Postal Code:
Mailing Address (if different):	City:	Postal Code:
Phone:	Email Address:	

SECTION B: BASIC REQUIREMENTS

Are you legally entitled to work in Canada? <small>(To work in Canada you must have one of the following: Canadian Citizenship, Immigrant status with authorization to work)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently live within the County of Minburn	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 1 years of age or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid AB Class 5 Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an Air Brake endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that applicants will be required to consent to a Driver's License Abstract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you believe you are free of medical conditions that may preclude your participation as a paid on call firefighter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to participate in a medical check if required for paid on call firefighters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that paid on call firefighters are expected to be in good physical condition, and do you feel you are physically able to participate in the duties of a firefighter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that successful applicants are required to ensure a self-contained breathing apparatus mask will form a positive seal on the face?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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SECTION C: AVAILABILITY

If accepted by the Fire Department, you will be required to attend regular training nights (approximately 7:00PM to 9:00PM). Can you meet this requirement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand that in order to be available for emergency call-outs, you must be able to arrive at the fire station promptly and be "fit for duty"	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing and able to retain and wear an emergency radio and respond to emergencies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing and able to participate in the occasional weekend training program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION D: SKILLS AND EXPERIENCE

Experience: Please indicate if you have any of the following skills or training:

- ☐ First Aid Certificate/CPR/AED (date last taken):
- ☐ Previous Emergency Volunteer Experience - Explain:
- ☐ Previous Firefighter Experience – Explain:
- ☐ Skilled Trade:
- ☐ Other (Describe):

SECTION E: REFERENCES (Preferably from current or previous employers)

Please provide two references that are not related to you.

Last Name:	First Name:
Company:	
Phone Number:	
Last Name:	First Name:
Company:	
Phone Number:	

SECTION F: DECLARATION OF APPLICANT

☐ I certify that all the information submitted in this application is truthful and correct. 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 a successful applicant.

Date: