



Claresholm Fire Department
350-43 Avenue West, Claresholm, AB
Telephone: (403) 625-3922

VOLUNTEER FIREFIGHTER APPLICATION

Carefully read the following:

Due to the large number of applications anticipated for the position of Volunteer Firefighter, the following application rules MUST apply:

- 1. Refer to the Town of Claresholm Application Manual for required qualifications for Volunteer Firefighters. The Claresholm Fire Department will only accept this application form, NOT resumes.**
- 2. Please attach only the documentation requested to the back of the application, in the order indicated. DO NOT attach documentation not requested on this application form. ONLY attach COPIES of documents. Additional documentation may be requested later in the recruitment process.**
- 3. After filling out each page and attaching the requested documentation to the back of the application, attach all pages together securely and in order with a staple or a paper clip.**
- 4. Failure to follow these instructions or adding materials not requested may result in your application being rejected.**
- 5. If you have any questions regarding this application, please contact us at 403-625-3922**

PERSONAL INFORMATION

Full Name (Please Print) (Surname)	 (First)	 (Middle)	Date of Application (yyyy-mm-dd)
Address - Street			Primary Telephone
City	Province	Postal Code	Alternate Telephone
Email:			
Will your employer allow you to respond to fire calls during working hours? Yes <input type="checkbox"/> No <input type="checkbox"/>			

LICENSES, CERTIFICATES AND QUALIFICATIONS

18 years of age on or before date of application?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Legally Entitled to Work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a Canadian Citizen, documents must be available upon request. Landed Immigrant? Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Work Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade 12 or equivalent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)
Fire Service Education: (Please mark with a check, as applicable)	Name and Location of School:	Date Completed: (yyyy-mm-dd)	
NFPA 1001 Firefighter II (IFSAC or ProBoard) <input type="checkbox"/>			
NFPA 472/1072 Operations (IFSAC or ProBoard) <input type="checkbox"/>			
First Aid Certificates Standard First Aid <input type="checkbox"/> Medical First Responder <input type="checkbox"/> EMR/PCP/ACP License <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>			
CPR (Health Care Provider) Level C with AED <input type="checkbox"/>			

If applicable, please attach a COPY of:

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
2. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
3. First Aid / Emergency Medical Responder / Other Certification (Current)
4. CPR (Health Care Provider) Level C with AED Certificate (Current)

LICENSES, CERTIFICATES AND QUALIFICATIONS, continued

Driver's License Information	
Do you possess a valid Class 5 Alberta Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's License Number:	
What class(es) of license do you possess?	
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	
Do you have any restrictions on your driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please explain:	
Do you have an air brake endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present number of demerit points showing on drivers abstract:	
Have you had any provincial or criminal driving suspension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please explain:	

Criminal Record Search – Not required at time of application, but will be required if successful.	
Do you consent to a Criminal Record search? (vulnerable sector person of trust)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes: Consent is a requirement for consideration for hiring. Conviction for a criminal or summary offence does not necessarily preclude consideration for the position of firefighter. Convictions will be reviewed on the basis of their relation to this occupation).	
Have you been convicted of a criminal or summary offence for which you have NOT Received a pardon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a pardon? Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	
If "Yes", give particulars:	

DESIRABLE TRAINING AND EXPERIENCE

Post-secondary education or equivalent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)
Advanced Fire Service Training:	Name and Location of School	Date Completed (yyyy-mm-dd)	
NFPA 1002 Driver/ Pumper/ Aerial Levels			
NFPA 1041 Fire Service Instructor I			
NFPA 1021 Fire Officer I			
NFPA 1021 Fire Officer II			
NFPA 1051 Wildland			
Other Fire Service Courses: (please mark with a check, as applicable)	Name and Location of School	Date Completed (yyyy-mm-dd)	
Auto Extrication <input type="checkbox"/>			
Ice Rescue <input type="checkbox"/>			
Confined Space Rescue <input type="checkbox"/>			
Hazardous Materials <input type="checkbox"/>			
Incident Command <input type="checkbox"/>			
Critical Incident Stress <input type="checkbox"/>			
Other Desirable Traits			
Do you have training or experience at the technical trades or equivalent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain:			

Firefighter Experience

Do you have Firefighter experience?

Yes No

If "Yes", state location: _____

Start Date: _____ End Date: _____ Length of Service: _____

Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

OTHER TRAINING AND EXPERIENCE (not mentioned previously)

Name and Location of School or Institution	Course, Program, Major, Field	Credits, Grade, Certificate, Diploma/Degree Attained	Date Completed (yyyy-mm-dd)
Vocational or Trade School or Trades Qualification			
Technical Institute or College			
Other Educational Information			
Other Fire Service Training	Name and Location of School		Date Completed (yyyy-mm-dd)

(attach separate sheet if more room required)

Related skills, knowledge and abilities:
Language(s) other than English in which you are fluent:
Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/>
Any other applicable knowledge, abilities, skills and personal qualities not covered elsewhere? (e.g., computer skills)

Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.

EMPLOYMENT HISTORY:

<p>In chronological order – starting with most recent work. Include times of self-employment, unemployment, extended travel or apprenticeship <input type="checkbox"/> If you indicated previous Fire Service experience, include the name and phone number of your Chief Officer in your EMPLOYMENT HISTORY so they can be contacted as a reference.</p>
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Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	Are you a shift worker? If so, what hours do you work?
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	Are you a shift worker? If so, what hours do you work?
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	Are you a shift worker? If so, what hours do you work?
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

Firm or Organization	Nature of Business	Date Started (yyyy-mm-dd)	Are you a shift worker? If so, what hours do you work?
Address	Telephone No.	Date Ended (yyyy-mm-dd)	
Duties	Position Title		
	Immediate Supervisors Name		
	Supervisors Title or Position		
	Phone Number		
Permission to Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason For Leaving This Position		

NOTE: Additional references may be required and must be provided upon request.

APPLICANT DECLARATION

I certify that all statements in this document are true and correct. I understand and acknowledge there is zero tolerance for deceit, dishonesty or non-disclosure of information relating to the questions in this application. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to employment with the Town of Claresholm Fire Department.

Signature: _____ Date: _____

Main Phone Number: _____

E-mail Address: _____

Please forward your completed application form to craig@claresholm.ca or mail application to:

Town of Claresholm Fire Department
Attention: Volunteer Firefighter Recruitment
PO Box 433
Claresholm, AB T0L 0T0

Please Note: Applications can be received in person at the Claresholm Fire Hall at 350-43ave West, or Town of Claresholm Administration Building: 111-55ave West

Note: Ensure all pages are assembled in order 1 – 9 and all required attachments are ordered 1-2 as indicated above behind page 9 of this application. The application may now be stapled together.

IF APPLICABLE, PLEASE ENSURE ALL OF THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH THIS APPLICATION: CLEAR PHOTOCOPIES. (unless otherwise specified)

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
2. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
3. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
4. First Aid / Medical First Responder / Other Certification (Current)
5. CPR (Health Care Provider) Level C with AED Certificate (Current)
6. Recent Criminal Record Check, including Vulnerable Sector Check (**CRC/VSC MUST NOT BE MORE THAN 6 MONTHS OLD**) **not required at time of application.**
7. Current drivers abstract with no more than seven (7) demerits for the past five years, **not required at time application.**
 - Use your legal name on all documents (enclose copies of any name change documents).
 - Ensure that all boxes on the application have been filled out or check marked.
 - Any areas within the application form that do not apply to you, **must** be marked **N/A.**
 - **Be SURE the application is COMPLETE before submitting it.**