



**TOWN OF STRATHMORE  
FIRE DEPARTMENT  
(APPLICATION)**

Please Print ,  
Application Date: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Personal Information</b> Confidential when completed		
<b>Last Name</b>	<b>Given Name</b>	<b>Initial</b>
<b>Address</b>		
<b>Telephone</b>	<b>Cell Phone</b>	<b>Business</b>
<b>Emergency Contact</b>		<b>Emergency Contact Telephone</b>
<b>Volunteer Eligibility Requirements</b>		
Grade 12 Education or Equivalent, not less than 18 years of age, & physically able to perform the essential duties of a Volunteer Firefighter		
What hours would you not be available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you meet Eligibility Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to understand oral and written English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a permanent resident of Strathmore? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date: _____ S.I.N.: _____
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		

<b>Employment Experience</b>	
<b>Present Employer:</b>  Name:  Address:  Telephone:  May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Position:</b>  How long have you been employed there?  Duties:

Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:
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Previous Employer: Name: Address: Telephone: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long were you employed there? Duties:
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<b>Volunteer Experience</b>
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Present Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long have you volunteered there? Duties:
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Previous Volunteer Organization: Name: Address: Telephone: May we contact this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: How long did you volunteer there? Duties:
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<b>Related Skills or Experience</b>
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Previous firefighting or emergency response experience? <input type="checkbox"/> Yes <input type="checkbox"/> No   Department name: _____ Location: _____ Province: _____
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Previous military or police experience? <input type="checkbox"/> Yes <input type="checkbox"/> No   CFB Location: _____ City/Detachment: _____ Province: _____
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Other experiences that may apply to this position? <input type="checkbox"/> Yes <input type="checkbox"/> No   Describe:
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**Related Skills**

Indicate skill level by circling the appropriate number and providing explanation.

1 - A trade, licence, recognized certificate or extensive experience.

2 - Advanced skills level and/or post secondary courses or apprenticeships.

3 - Familiarity acquired through personal experience, high school courses or related training.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
Mechanics				
Pumps, valves or sprinklers				
Electrical systems				
Electronic systems				
Computer technology				
Breathing apparatus or scuba diving				
Building construction or design				
Blueprint reading				
Fire fighting tasks				
Rescue procedures				
Athletic sports or skills				
Languages				
Occupational health and safety				
Photography				
Fundraising				
Office equipment				
Typing, filing or telephones				
Public speaking				

Teaching, facilitation or coaching	1	2	3	
Events coordination	1	2	3	
Radio communication	1	2	3	
Medical or health sciences	1	2	3	
Professional driver	1	2	3	
Heavy equipment operation	1	2	3	
<b>Other Licences and Certificates</b>				
CPR	Expiry Date:			
First Aid	Expiry Date:			
Defibrillation	Expiry Date:			
Alberta Drivers License Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Expiry Date:			
Description	Date			
Description	Date			
Description	Date			
<b>Education Background</b>				
Elementary School Name: Highest grade/level completed				
Secondary School Name: Highest grade/level completed				
Post Secondary Education: Major or Specialization: Level or Degree Achieved				
Post Secondary Education: Major or Specialization: Level or Degree Achieved				

Please provide an accompanying resume and copies of all licences, diplomas or certificates.

## Conditions of Acceptance:

I affirm and certify that the information given on, or attached to; this application is true and correct. I understand that any falsification of statements, misrepresentation, deliberate omission or concealment of information may be considered just cause for immediate dismissal.

I authorize Town of Strathmore Fire Department Administration to contact my references or previous employers as indicated and to obtain and review my medical assessment.

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**Signature of Applicant**

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**Date**

Personal information is collected under the authority of the *Municipal Freedom of Information and Privacy Act* and will be used for candidate selection purposes only.

The following documents must accompany with your application to be considered by the recruiting team;

- Application
- Criminal Record Check
- Current Drivers Abstract
- Completed Medical Examination

Upon your successful acceptance into the Town of Strathmore Fire Department, expenses incurred for Medical Examination, Criminal Records Check, and Drivers Abstract shall be reimbursed. Keep your receipts