



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

Ensure you have read all information before filling out this application form. By filling out this application form, you are committing yourself to take part in the applicant screening process which includes interviews, reference checks, police record checks, medical and physical tests.

Please note: Failure to agree to screening procedures may disqualify your application.

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 Fire Chiefs Office at 403.934.3022.

**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):	Middle Initial:
Address:		
Email:	Phone:	Phone 2:
Mailing Address (If Different):	Date of Birth:	
Emergency Contact Name:	Emergency Contact Phone:	

## SECTION B: BASIC REQUIREMENTS

Are you legally entitled to work in Canada? (i.e. Canadian Citizenship, Immigrant status with authorization to work)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you currently live within Strathmore Town Limits? If no, how many kilometers away?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 19 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid Alberta Class 5 Unrestricted Driver's License and a good driving record?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current Alberta Class 3 or greater Driver's License with Air Brake endorsement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand that applicants will be required to provide a Driver's License Abstract and a Criminal Record Check for Vulnerable Sector?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you believe you are free of medical conditions that may preclude your participation as a volunteer firefighter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to participate in a medical check required of potential Paid-on-Call firefighters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 a physical fitness related test as part of the selection process?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand that successful applicants are required to remain without facial hair to ensure a self-contained breathing apparatus mask will form a positive seal on the face? (Moustache and short sideburns are acceptable if they don't affect the seal)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Present Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer?</p> <p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long have you been employed there?</p> <p>Duties:</p>
<p>Previous Employer:</p> <p>Name:</p> <p>Address:</p> <p>Telephone:</p> <p>May we contact this employer?</p> <p><input type="checkbox"/>Yes   <input type="checkbox"/>No</p>	<p>Position:</p> <p>How long were you employed there?</p> <p>Duties:</p>

**SECTION C: VOLUNTEER EXPERIENCE**

Present Volunteer Organization:

Contact Person:

Name:

Address:

Telephone:

May we contact this organization?

Yes No

Position:

How long have you volunteered there?

Duties:

Any Other Volunteer Involvement?

**SECTION D: RELATED SKILLS OR EXPERIENCE**

Previous firefighting or emergency response experience?

Yes No Please provide Details: \_\_\_\_\_

Previous military or police experience?

Yes No Please provide Details: \_\_\_\_\_

Other experiences that may apply to this position?

Yes No Please provide Details: \_\_\_\_\_

**SECTION E:**

**Please summarize why you would like to be considered for a Paid-on-Call position with the Strathmore Fire Department.**

**SECTION F: LICENCES & CERTIFICATES**

CPR: ( ) No ( ) Yes, Level	Expiry Date:
First Aid: ( ) No ( ) Yes, Level	Expiry Date:
Defibrillation: ( ) No ( ) Yes	Expiry Date:
Emergency Medical Responder: ( ) No ( ) Yes	Expiry Date:
Other Medical Response Training: ( ) No ( ) Yes	Expiry Date:
Alberta Driver's 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:
Q Endorsement ( ) No ( ) Yes	

**SECTION G: EDUCATIONAL BACKGROUND**

Secondary School Name:  Highest grade/level completed:
Post-Secondary Education:  Major or Specialization:  Level or Degree Achieved:

**SECTION C: AVAILABILITY**

If accepted, you will be required to attend regular Tuesday night training (approx. 7:30PM to 9:30PM). Can you meet this requirement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand that in order to be available for emergency callouts, you must be able to arrive at the fire station promptly and have abstained from alcohol and drugs for the previous 8 hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing and able to retain and wear an emergency pager and respond to emergencies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing and able to participate in the weekend training program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION H: 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 I: DECLARATION OF APPLICANT**

I understand that the information provided is found to be untrue or incomplete, my application may be rejected for membership.

Strathmore Fire Department requires a criminal record check and driver's abstract prior to my acceptance as a member of the fire department.

I do hereby declare that should I be successful in my application, I will comply and abide by the rules and regulations, standing orders, job duties, etc. Upon failure to comply with these rules, I understand that I may be subject to dismissal of the Strathmore Fire Department. LICENCES

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Upon completion of the Strathmore Fire Department interview, the following documents shall be provided to the recruiting team:**

- 1. Application - Fire Department**
- 2. RCMP Criminal Record Check (30 Days) – RCMP Detachment**
- 3. Municipal Peace Officer History Review (30 Days) – Town Peace Officers**
- 4. Current Drivers Abstract (30 Days) – Government Services**
- 5. Completed Medical Assessment (90 Days) – Onsite Occ Health**
- 6. 9 Panel Drug Test (90 Days)- Onsite Occ Health**
- 7. Candidate Physical Abilities Test (90 Days) – In House**
- 8. Swimming Assessment (12-14 Months) – In House**

**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 following your successful probationary period.**

**Please keep your receipts for reimbursement.**

**Please Note:**

**Only those applicants who have been selected for the interview process will be contacted.**