



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

Thank-you for your interest in volunteering with the Town of Strathmore Fire Department! 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. Information collected will only be seen by the individuals of the Town of Strathmore or the Strathmore Fire Department, involved in the selection process.

Please Print

Application Date: _____ Email: _____

Personal Information Confidential when completed		
Last Name	Given Name	Initial
Mailing Address		
Home Phone	Cell Phone	Business Phone
Emergency Contact Name		Emergency Contact Phone
General Availability <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	Are you a permanent resident of Strathmore? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide an accompanying resume and copies of all licences, diplomas or certificates.		

Employment Experience

Present Employer:

Name:

Address:

Telephone:

May we contact this employer?

Yes No

Position:

How long have you been employed there?

Duties:

Previous Employer:

Name:

Address:

Telephone:

May we contact this employer?

Yes No

Position:

How long were you employed there?

Duties:

Previous Employer:

Name:

Address:

Telephone:

May we contact this employer?

Yes No

Position:

How long were you employed there?

Duties:

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?

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: _____

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.

	1	2	3	Comments
Mechanics	1	2	3	
Breathing Apparatus or SCBA diving	1	2	3	
Building Construction	1	2	3	
Blueprint Reading	1	2	3	
Computer technology	1	2	3	
Firefighting tasks	1	2	3	
Rescue procedures	1	2	3	
Occupational health and safety	1	2	3	
Fundraising	1	2	3	
Public speaking	1	2	3	
Teaching, Lecturing or Coaching	1	2	3	

Other Licences and 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

Expiry Date:

Class 1 2 3 4 5 6**Q Endorsement:** () Yes () No**Education Background**

Secondary School Name:

Highest grade/level completed:

Post-Secondary Education:

Major or Specialization:

Level or Degree Achieved:

Reference Check Authorization

I _____ authorize Strathmore's Fire Department to contact the persons or organizations listed below for the purpose of obtaining reference information including information in my personnel file(s). These persons are authorized to disclose such information.

Personal References;

Name	Relationship	Phone Number

Professional References;

Name	Title	Company	Relationship	Length of Employment	Phone Number

Personal information on this Volunteer Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPPA) Section 33 c. It will be used to determine your suitability, eligibility or qualification for volunteerism. Questions about the use or collection of this information should be directed to Town of Strathmore FOIPPA Coordinator, at 403-934-3133.

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

I understand the information provided in this form will be used to assess my suitability for the position of volunteer firefighter with the Town of Strathmore Fire Department.

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.

Signature of Applicant

Date

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 – RCMP Detachment
- (3) Municipal Peace Officer History Review – Town Peace Officers
- (4) Current Drivers Abstract – Government Services
- (5) Completed Medical Assessment – Medical Clinics

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.