

TOWN OF STRATHMORE FIRE DEPARTMENT (Paid-on-call 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, and medical and physical tests.

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

Information collected will only be reviewed by the individuals of the Town of Strathmore or the Strathmore Fire Department, involved in the selection process.

Please Print Clearly Personal Information - Confidential when completed			
Date	Email		
Last Name	Given Name		Initial
Mailing Address		Postal Code	
Cell Phone	Home Phone		
Emergency Contact Name		Emergency Contact Phone	
General Availability Weekdays Weekends Weeknights Other?	Are you a pe	rmanent resident of Strathmore?	
Please provide an accompanying resume	and copies of all	licences, diplomas, or certificates.	

Employment Experience	
Current Employer:	Position:
Name:	How long have you been employed there?
Address:	Duties:
Telephone:	
May we contact this employer?	
□Yes □No	
Previous Employer:	Position:
Name:	How long were you employed there?
Address:	Duties:
Telephone:	
May we contact this employer?	
□Yes □No	
Previous Employer:	Position:
Name:	How long were you employed there?
Address:	Duties:
Telephone:	
May we contact this employer? □Yes □No	
Volunteer Experience	
Present Volunteer Organization:	Position:
Contact Person:	How long have you volunteered there?
Name:	Duties:
Address:	
Telephone:	
May we contact this organization?	
□Yes □No	
Any Other Volunteer Involvement?	

Related Skills or Experi	ence			
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:				
Re Indicate skill level by circling 1 - A trade, licence, recogniz 2 - Advanced skills level and 3 - Familiarity acquired throu	zed certificate of I/or post secon	or extensive dary courses	experience. s or apprentice	ships.
Mechanics	1	2	3	Comments
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 Cer	tificates			
CPR: ()No()Yes, L	evel			Expiry Date:

First Aid:()No ()Yes, Level			E	Expiry Date:		
Defibrillation:()No ()Yes			E	Expiry Date:		
Emergency Medical Responder:()No ()Yes			E	Expiry Date:		
Other Medical Response Training:()No ()Yes			Е	Expiry Date:		
Alberta Driver's License			E	xpiry Date:		
Class □1 □2 □3 □4 □5	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 Auth		autho			Fire Department to	
	nformat				e of obtaining reference persons are authorized	
Personal Reference	s.					
Name		Relationship			Phone Number	
Professional Refere	nces			1		
Name	Title		Company		Contact	

Personal information on this Volunteer Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 33 c. It will be used to determine your suitability, eligibility, or qualification for employment. Questions about the use or collection of this information should be directed to the <u>Town of Strathmore FOIPP Coordinator</u>, 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 a paid-on-call firefighter with the Town of Strathmore Fire Department.

I authorize the 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 LifeMark Labs

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.

<u>Please Note:</u> Only those applicants who have been selected for the interview process will be contacted.