



## 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 the Access to Information Act 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 Chief's 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 Paid-on-Call 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 |

|  |  |
|--|--|
| Present Employer:<br><br>Name:<br><br>Address:<br><br>Telephone:<br><br>May we contact this employer?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Position:<br><br>How long have you been employed there?<br><br>Duties:<br><br><br><br> |
| Previous Employer:<br><br>Name:<br><br>Address:<br><br>Telephone:<br><br>May we contact this employer?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Position:<br><br>How long were you employed there?<br><br>Duties:<br><br><br><br>      |

## SECTION C: VOLUNTEER EXPERIENCE

|   |                                      |
|---|--------------------------------------|
| Present Volunteer Organization:   | Position:                            |
| Contact Person:   | How long have you volunteered there? |
| Name:   | Duties:                              |
| Address:  |                                      |
| Telephone:  |                                      |
| May we contact this organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |
| Any Other Volunteer Involvement?  |                                      |

## SECTION D: RELATED SKILLS OR EXPERIENCE

|   |
|---|
| Previous firefighting or emergency response experience?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Please provide Details: _____ |
| Previous military or police experience?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   Please provide Details: _____                 |
| Other experiences that may apply to this position?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br>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:<br>Major or Specialization:<br>Level or Degree Achieved: |

## SECTION H: AVAILABILITY

|  |                              |                             |
|--|------------------------------|-----------------------------|
| If accepted, you will be required to attend one training session per week during your first year. Training is offered four times per week, and a minimum 90% attendance rate is required. Can you meet this requirement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you understand that to be available for emergency callouts, you must be able to respond promptly to the fire station and must not have consumed alcohol or drugs within the previous 8 hours?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| When called out through the department paging application, are you willing to respond to emergency calls?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you willing and able to participate in additional training and drills held on evenings and weekends?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**SECTION I: REFERENCES****(Preferably from current or previous employers. Please provide two references that are not related to you)**

|                   |                    |
|-------------------|--------------------|
| <b>Last Name:</b> | <b>First Name:</b> |
|-------------------|--------------------|

|                 |
|-----------------|
| <b>Company:</b> |
|-----------------|

|                      |
|----------------------|
| <b>Phone Number:</b> |
|----------------------|

|                   |                    |
|-------------------|--------------------|
| <b>Last Name:</b> | <b>First Name:</b> |
|-------------------|--------------------|

|                 |
|-----------------|
| <b>Company:</b> |
|-----------------|

|                      |
|----------------------|
| <b>Phone Number:</b> |
|----------------------|

**SECTION J: DECLARATION OF APPLICANT**

I understand that if 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.

|              |
|--------------|
| <b>Date:</b> |
|--------------|

|                    |
|--------------------|
| <b>Print Name:</b> |
|--------------------|

|                   |
|-------------------|
| <b>Signature:</b> |
|-------------------|

**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. Current Drivers Abstract (30 Days) – Government Services
4. Completed Medical Assessment (90 Days) – Onsite Occ Health
5. 9 Panel Drug Test (90 Days)- Onsite Occ Health
6. Candidate Physical Abilities Test (90 Days) – In House
7. 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.*



**TOWN OF STRATHMORE  
FIRE DEPARTMENT  
(APPLICANT MEDICAL REPORT)**

| LAST NAME              | GIVEN NAME | MIDDLE NAME OR INITIALS |
|------------------------|------------|-------------------------|
|                        |            |                         |
| PERSONAL HEALTH NUMBER |            |                         |
|                        |            |                         |

This questionnaire is designed as a condition to the rigorous physical fitness requirements that a fire fighter has to endure during training and emergencies.

- 1) Have you ever been bothered by shortness of breath?  YES  NO
- 2) Have you had frequent bouts of respiratory problems, such as influenza, asthma or pneumonia?  YES  NO
- 3) Have you any back problems that would prevent you from lifting heavy objects?  YES  NO
- 4) Has your Doctor ever said you have heart trouble?  YES  NO
- 5) Do you often feel faint or have spells of severe dizziness?  YES  NO
- 6) Do you frequently have pains in your heart or your chest?  YES  NO
- 7) Has a Doctor ever said your blood pressure was too high?  YES  NO
- 8) Has your doctor ever told you that you have a bone joint problem such as arthritis, which has been aggravated by exercise, or might be made worse with exercise?  YES  NO
- 9) Is there any good reason not mentioned here why you should not undergo strenuous testing or exertion, even if you wanted to?  YES  NO
- 10) Do you have any allergies? \_\_\_\_\_  YES  NO
- 11) Are you in good physical shape and accustomed to moderate to vigorous exercise?  YES  NO
- 12) Is there any medical reason, not mentioned here, why you should not undergo moderate to strenuous physical testing, training or activities, even if you wanted to?  YES  NO

**This is a two part process, whereas the applicant will be required to complete this form receiving approval from the fire department to continue to the second portion of the medical evaluation.**

**You will not be allowed to participate in the practical physical training evaluations or job related tasks until you present the signed SECTION 2 – PHYSICIANS REPORT from your physician indicating that you are cleared to participate.**

|              |  |                             |  |
|--------------|--|-----------------------------|--|
| <b>DATE:</b> |  | <b>Applicant Signature:</b> |  |
|--------------|--|-----------------------------|--|