

APPLICATION FOR PAID-PER-CALL FIREFIGHTER



Thank you for interest in joining the Fox Creek Fire Department. By filling out this application form, you are committing yourself to take part in the application screening process which may include interviews, reference checks, criminal record checks, driver abstract and physical tests. Please note: failure to agree to screening procedures may disqualify an applicant.

	Date:		
	PERSONAL INFORMATION		
Name: Street Address: Home Phone: Cell Phone:			
Drivers License Number: Drivers License Class (and special endors	sements):		
	EMPLOYMENT INFORMATION		
Current place of employment: Employer: Employer Contact Information:			
What are your regular hours of employme	ent?		
Availability during employment times?	Available Limited availability Unavailable		
If you work in Fox Creek, would your pres	ent employer allow you to respond to emergencies during working hours?		
Yes	No No		
May we contact this employer?			
Yes	No		
	GENERAL INFORMATION		
General Availability (check all that apply):	Weekdays (mornings/afternoons) Weekends Weeknights		
	Other (specify):		
Are you legally entitled to work in Canada Are you over the age of 18 years?	? Yes No No		

Do you have previous	experience	as a firefighter?	Yes		No	
If yes, with which fire	department	?				
Do you have your own	transportat	tion?	Yes		No	
Do you have any disab firefighter?	oilities or me	edical restrictions	which may af	fect your ability to p	erform the duties	of a
	Yes		No			
Do you have any issue	es working a	at heights, in confi	ned spaces, in	or around water, or	at extreme temp	eratures?
	Yes		No			
Please provide a brief Department.	description	as to why you wo	ould like to bec	ome a member of t	he Town of Fox C	reek Fire
Do you have any know swimming, boating, or	-	-	elpful such as	First Aid Training, o	ther medical train	ing, driving,
Please list any physica	al activity yo	ou regularly partic	ipate in to kee	o yourself in good p	hysical condition:	
Volunteer Information						
Organization:						
Position: Contact Person:						
Contact Phone: Length of involvement						
May we contact this o Organization:	rganization	<u></u>				
Position: Contact Person:						
Contact Phone: Length of involvement	t:					
May we contact this o		?				
Organization: Position:						
Contact Person: Contact Phone: Length of involvement:						

May we contact this o Any other volunteer or	organization? r extracurricular (i.e Sports) i	involvement?
	any certifications that would esponder, NFPA Certifications	be applicable to this position? (i.e First Aid with CPR, s etc.)?
Protection of Privacy a qualifications for this information should be employment@foxcree I authorize investigation	Act (FOIPP) Section 33(c). It was a position with the Fox Creek directed to Crystal Huether, Fek.ca. on of all statements in this apse for dismissal. I certify that	ollected under the authority of the Freedom of Information & will be used to determine your suitability, eligibility, or a Fire Department. Questions about the use or collection of this Human Resources at 780-622-3896 or opplication. I understand that misrepresentation or omission of my answers to these questions are complete, true and correct
	Signature of Applicant	Date
•	• • • • •	chis application, along with your resume and cover letter to either ture to quote VFF-2021 in your submission. employment@foxcreek.ca Competition # VFF-2022 Attention Human Resources PERSONAL & CONFIDENTIAL

Town of Fox Creek 102 Kaybob Drive PO Box 149 Fox Creek, AB

We thank all applicants for their interest. However, only candidates invited for interviews will be contacted.

T0H 1P0