



BIG LAKES COUNTY FIRE SERVICES VOLUNTEER FIREFIGHTER APPLICATION FORM



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 volunteer firefighter. If you have any questions on the collection of personal information, please contact the Big Lakes County Fire Chiefs Office at 780-776-0007.

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.

Please select which fire hall you are applying to:

- Enilda Joussard Faust Kinuso Grouard

SECTION A: PERSONAL INFORMATION

Last Name:	Given Name(s):	
Street Address:	City:	Postal Code:
Mailing Address (if different):	City:	Postal Code:
Phone:	Email:	Date of Birth:

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 the hamlet your applying? 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 volunteer firefighters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you understand that volunteer 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 side burns are acceptable as long as they don't affect the seal)	<input type="checkbox"/> YES <input type="checkbox"/> NO



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SECTION C: AVAILABILITY

If accepted, you will be required to attend regular Monday night practices (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 call-outs, 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 occasional weekend training program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION D: SKILLS & EXPERIENCE

First Aid Certificate/CPR/AED (date last taken):
Previous Emergency Volunteer Experience – Please explain.
Previous Firefighter Experience – Please explain.
Skilled Trade:
Other:



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SECTION E: 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 F: DECLARATION OF APPLICANT

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

Big Lakes County Fire Services 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 Big Lakes County Fire Services.

Date: _____

Print Name: _____

Signature: _____

Questions, concerns, or comments?

#2 - 4th Street W, Box 240, Jousard, AB T0G 1E0

P: (780)-776-0007 / F: (780) 776-3821 E: HumanResources@BigLakesCounty.ca