



Hardisty Fire Department

Application Form

Thank-you for your interest in volunteering with the Hardisty Fire Rescue Department! Ensure you have read all informational materials 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 physical tests.

Please Note: failure to agree to screening procedures may disqualify applicant.

Information collected will only be seen by the Fire Chief, Deputy Fire Chief and Captains.

POSITION INFORMATION:	
Position applying for:	How did you learn about this position?
Did anyone refer you to the Hardisty Fire Rescue Department? If so, who?	

PERSONAL INFORMATION:		
Surname:	Given Name:	
Date of Birth (mm/dd/yy)	Home Phone:	
Cell Phone:	Work Phone:	
Mailing Address:	Town/Prov.	Postal Code
Emergency Contact:	Emergency Contact Phone:	
Drivers License Number:	Drivers License Class (& special endorsements)	

Please rate your spoken English language skills:

- Basic (can talk in English about simple things and familiar topics).
- Beginner (can have simple conversations about unfamiliar topics in English).
- Intermediate (can have detailed conversations about unfamiliar topics in English).
- Fluent (obtained high school diploma in Canada, or can have rapid, detailed conversations in English about unfamiliar topics).

Please rate your written English language skills:

- Basic (can write in English about simple things and familiar topics).
- Beginner (can write about unfamiliar topics in English).
- Intermediate (can write about unfamiliar topics in English).
- Fluent (obtained high school diploma in Canada, or can write in detail about unfamiliar topics in English).

EMPLOYMENT INFORMATION:	
Present place of Employment:	Employer Name:
Occupation:	Employer Phone:
What are your regular hours of employment:	Availability during employment times: <input type="checkbox"/> Available <input type="checkbox"/> Limited Availability <input type="checkbox"/> Unavailable
General Availability: <input type="checkbox"/> Weekdays (mornings/afternoon) <input type="checkbox"/> Weekends	<input type="checkbox"/> Weeknights <input type="checkbox"/> Other _____
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Previous place of Employment:	Employer Name:
Occupation:	Employer Phone:
Length of Employment	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POLICE INFORMATION CHECK:

Have you ever been convicted of a criminal offence for which you have not received a pardon?

NO YES, describe _____

Do we have permission to submit your name for a police information check?

NO YES

DRIVERS ABSTRACT CHECK

Do we have permission to conduct a driver abstract check?

NO YES

VOLUNTEER INFORMATION:

Organization:	Position:
Contact Person:	Contact Phone:
Length of Involvement	May we contact this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
Organization:	Position:
Contact Person:	Contact Phone:
Length of Involvement:	May we contact this organization? <input type="checkbox"/> YES <input type="checkbox"/> NO

Any other volunteer or extracurricular (ex/sports) involvement?

RELATED SKILLS & EXPERIENCE

Do you have previous firefighting or emergency response experience?

NO YES, please detail _____

Do you have previous military or police experience?

NO YES, please detail _____

Other experience that may apply to this position?

NO YES, please detail _____

Please indicate your skill level in the following areas on this scale:

- 1. A trade, license, 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.
Mechanics			
Breathing apparatus or scuba diving			
Building construction or design			
Blueprint reading			
Firefighting tasks			
Rescue procedures			
Crisis management			
Public speaking			
Events coordination			
Radio communication			
Team building			

CERTIFICATIONS:	
Cardiopulmonary Resuscitation (CPR) Expiry Date: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES, Level	Emergency Medical Responder <input type="checkbox"/> NO <input type="checkbox"/> YES
First Aid Expiry Date: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES, Level	Other medical response training <input type="checkbox"/> NO <input type="checkbox"/> YES, please detail
Defibrillation Expiry Date: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES	Other relevant certificate

REFERENCE CHECK AUTHORIZATION:

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

PERSONAL REFERENCE:

These references are those that you have met in your personal life, and can include family, friends, teachers, and colleagues (not direct supervisors).

Name	Relationship	Phone Number

PROFESSIONAL REFERENCES:

These references are those that you have met through work (direct supervisors) and volunteer experiences.

Name	Relationship	Phone Number

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 qualifications for volunteerism. Questions about the use or collection of this information should be directed to Chief Todd Baumgartner at 780-252-0003.

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.

I authorize Hardisty Fire Rescue Department to contact my previous employers as indicated, to obtain a police information check (if agreed to on page 3), and to obtain and review my medical examination.

Applicant Signature

Date