



Thank-you for your interest in volunteering with a Lacombe County Fire 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 could include interviews, reference checks, police record checks, driver's abstracts, physical tests and drug and alcohol testing. Please note: failure to agree to screening procedures may disqualify applicant.

Position Information

Position applying for:	How did you learn about this position?
Did anyone refer you to the fire department? If so, who?	

Personal Information

Surname	Given Name
Email Address	Home Phone
Cell Phone	Business Phone
Mailing Address	
Emergency Contact Name	Emergency Contact Phone
Drivers License Number	Drivers License Class (and 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 (morning/afternoon) <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends <input type="checkbox"/> Other	
May we contact this employer?	

Previous place of employment	Employer Name
Occupation	Employer Phone
Length of Employment	
May we contact this employer?	

Volunteer Information

Organization	Position
Contact Person	Contact Phone
Length of involvement	May we contact this organization?
Organization	Position
Contact Person	Contact Phone
Length of involvement	May we contact this organization?

Any other volunteer or extracurricular (ex: sports) involvement?
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Related Skills & Experience

Do you have previous firefighting or emergency response experience? <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail:
Do you have previous military or police experience? <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail:
Other experiences that may apply to this position? <input type="checkbox"/> No <input type="checkbox"/> 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

4 – No Experience

Mechanics	1 2 3 4
Breathing apparatus or scuba diving	1 2 3 4
Building construction or design	1 2 3 4
Blueprint reading	1 2 3 4
Firefighting tasks	1 2 3 4
Rescue procedures	1 2 3 4
Crisis management	1 2 3 4
Public speaking	1 2 3 4
Events coordination	1 2 3 4
Radio communication	1 2 3 4
Team building	1 2 3 4

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, detail:
Defibrillation Expiry date: <input type="checkbox"/> No <input type="checkbox"/> Yes	Other relevant certificates:

Reference Check Authorization

I _____ authorize the Lacombe County Fire Services 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 References

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	Title	Company	Relationship	Length of Involvement/ Employment	Phone Number

The personal information collected through the Lacombe County Fire Department application form is used to determine your suitability, eligibility or qualifications for volunteerism. This collection is authorized by section 4 of the Protection of Privacy Act subsection (c) that information related directly to and is necessary for an operating program or activity of Lacombe County, including a common or integrated program or service. Questions about the use or collection of this information should be directed to the [Human Resources Manager at 403-782-6601](#).

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.

Applicant Signature

Date