



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? |
|--|

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 experiences 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
- 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) | Emergency Medical Responder |
| Expiry date: | |
| <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes, level: | <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes |
| First Aid | Other medical response training |
| Expiry date: | |
| <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes, level: | <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes, detail: |
| Defibrillation | Other relevant certificates: |
| Expiry date: | |
| <ul style="list-style-type: none"><input type="checkbox"/> No<input type="checkbox"/> Yes | |

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