

Stettler Regional Fire Department



Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Prov. Postal Code*

Phone: E-mail:

Driver license: Class: Condition codes / Endorsements:

Years at address? :

Previous Firefighter experience? YES NO

Have you ever been convicted of a felony? YES NO

Previous EMS experience? YES NO

Military or Police experience? YES NO

Liabilities

Are there any medical reasons that would prevent you from performing the duties of a firefighter? YES NO

Would you be willing to obtain a complete physical examination and/or complete an Annual Medical Statement form? YES NO

Would you be willing to obtain a Criminal Record check and a Vulnerable Sector check from the RCMP? YES NO

“Where ego’s end and service begins”

Employment

Company: _____ Phone:

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Are you employed at this time? YES NO **If NO, enter last employment info above.**

May we contact your employer for a reference? YES NO

Indicate level appropriate to your training and skills from 0 to 10 and enter certification if acquired

Related skills	Level 0 - 10	Certification
Motor vehicle mechanics		
Medical field		
Driving		
Radio communications		
Firefighting and Rescue operations		
Building trades		
Oilfield operations		
Coaching / Teaching / Instructing		
Heavy equipment operator		
Small equipment mechanics		
Bilingual		<i>Languages</i>
Scuba diving		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

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