

Name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Interview: \_\_\_\_\_.



# **APPLICATION**

Accurate, legible completion of this document is the first step in the Department screening process.

Incomplete or inaccurate applications will result in automatic expulsion from this competition. Please supply all information requested.

## **HPFD Application Checklist**

**Before handing this application in for review, please ensure the following checklist has been completed. Failure to include any of the following could impede your application process.**

1. \_\_\_ Application
2. \_\_\_ RCMP Criminal Record Check (original current to within 90 days)
3. \_\_\_ Photocopies of:
  - \_\_\_ Valid Alberta Operators License (class 5 or better);
  - \_\_\_ Standard First Aid & CPR Certificate (or better);
  - \_\_\_ \*Fire ETC. (formerly AFTS) training certification;
  - \_\_\_ \*Fire ETC. student ID number;
  - \_\_\_ Other certification applicable to the fire service.

**Please print all information requested on this application.**

NAME: \_\_\_\_\_ / \_\_\_\_\_  
Surname Given Names

TELEPHONE: (h) ( ) - . TELEPHONE: (w) ( ) - .

TELEPHONE: (c) ( ) - . EMAIL: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: P.O. Box \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER: (circle) YES / NO

Do you possess a valid Alberta Drivers License? (circle) YES / NO

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_

AIR BRAKE ENDORSEMENT? (circle) YES / NO

CONDITIONS/RESTRICTIONS? \_\_\_\_\_.

DO YOU OWN YOUR OWN VEHICLE FOR TRANSPORTATION?  
(circle) YES / NO

DO YOU HAVE A CRIMINAL RECORD? (circle) YES / NO

IF SO, PLEASE ELABORATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

How long have you resided in the Town of High Prairie? \_\_\_\_\_.

Do you have any phobias (heights, enclosed spaces, blood, etc.)?  
(circle) YES / NO

If yes, please explain:

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Describe any skills you possess applicable to the Fire Service:

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Describe your main hobbies and interests outside of work:

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# **EDUCATION**

Last Secondary School grade completed (or equivalency): \_\_\_\_\_.

Post Secondary, Vocational or Trades training: (circle) YES / NO Date: \_\_\_\_\_

Subject, Degree or Qualification: \_\_\_\_\_

Are you currently certified in Standard First Aid/CPR Level C? (circle) YES / NO

If yes, when does your certification expire? \_\_\_\_\_.

Any additional qualifications / courses:

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Do you have any previous Firefighting experience? (circle) YES / NO

If yes, please provide location(s) and date(s):

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# **WORK EXPERIENCE**

Are you presently employed? (circle) YES / NO

If yes, where do you work? \_\_\_\_\_.

Occupation / Position: \_\_\_\_\_.

Please indicate hours worked in an average week at your job:

- |   |   |
|---|---|
| <input type="checkbox"/> Full time (>35 hours per week) | <input type="checkbox"/> Part time (>25 hours per week) |
| <input type="checkbox"/> Part time (<25 hours per week) | <input type="checkbox"/> Shift worker (specify below)   |
| <input type="checkbox"/> Self Employed (specify below)  | <input type="checkbox"/> Casual (varied hours)          |
| <input type="checkbox"/> Unemployed                     | <input type="checkbox"/> Student                        |

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## **Declaration**

I, the undersigned, apply to enroll as a volunteer firefighter of the Town of High Prairie Fire Department, and if accepted undertake to perform such duties as may be assigned to me by the Fire Chief or their delegated representative in the authority of the Town of High Prairie.

I verify that all information collected in this application is true and accurate.

I hereby give expressed permission to the Town of High Prairie Fire Department to conduct verification of the information provided by myself, as required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

This Application Has Been  
(circle) ACCEPTED / DENIED

Probation Date Commencing: \_\_\_\_\_

Probationary Period Review Date: \_\_\_\_\_

Locker Assignment: \_\_\_\_\_. Section Assignment: \_\_\_\_\_.

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy / mm / dd

\_\_\_\_\_  
*Reviewing Officer (1) Signature*

\_\_\_\_\_  
*Reviewing Officer (1) Print*

\_\_\_\_\_  
*Reviewing Officer (2) Signature*

\_\_\_\_\_  
*Reviewing Officer (2) Print*

\_\_\_\_\_  
*Reviewing Officer (3) Signature*

\_\_\_\_\_  
*Reviewing Officer (3) Print*

Date Membership Terminated: \_\_\_\_\_

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Reviewing Officer (1) Signature*

\_\_\_\_\_  
*Reviewing Officer (1) Print*

\_\_\_\_\_  
*Reviewing Officer (2) Signature*

\_\_\_\_\_  
*Reviewing Officer (2) Print*

\_\_\_\_\_  
*Reviewing Officer (3) Signature*

\_\_\_\_\_  
*Reviewing Officer (3) Print*