

# 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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