The Pas Fire Department Application Form



| | Applicant I | nformation | | | |
|--------------------------------|--------------------------|--------------------|---|-------------|-----------|
| Commence | Circl Nove | | N 4: - - - N | | |
| Surname: | First Name: | | Middle N | ame: | |
| Address: | | | 0 11 01 | | |
| Home Phone: | Business Phone | | _ Cell Phon | ie: | |
| Emergency Contact: | | Relationship: | - | | |
| Home Phone: | Business Phone | · | Cell Phon | ne: | |
| E-mail: | | | | | |
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| | Skills and | d Training | | | |
| | Skills and | d Training | | | |
| | | | | | |
| Highest Level of Education A | ttained: | | | | |
| | | | | | |
| Fire Service Experience (if po | ssible, attach copies o | f certificates for | any training | received): | |
| | | | | | |
| Relevant Emergency Medica | l Training: | | | | |
| | | | | | |
| Standard First Aid and CPR: | | Date Completed | | | |
| Driver's Licence: | Class: | | Air Brakes: | Yes: □ | No: □ |
| | | | | | |
| | | 1.0.0.11.1 | | | |
| | Health an | d Medical | | | |
| | | | | | |
| The Fire Coming places great | nhusical damands and | l roquiros vou to | corn, lift o | limb cravel | staan and |
| The Fire Service places great | • • | | • | | • |
| bend. Do you have any physic | icai iimitations that wo | iula prevent you | from preior | ming these | dutiesr |
| If yes, please explain: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Personal Information

| | ur back ground check a | I to provide a RCMP back ground of tached to this application or to ha | | pplied |
|------------------------------------|------------------------|--|---------------|--------|
| | | round check to this application? | Yes: □ | No: □ |
| Have you applied to the | | | Yes: □ | No: □ |
| | • | er than a minor traffic violation? | Yes: | No: □ |
| If yes, please explain: REFERENCES | | | | |
| NAME | ADDRESS | PHONE NUMBER | RELATIONSHIP | |
| | | | | |
| | | | | |
| | Reasons for J | loining Department | | |
| | | - 0 1 | | |
| · | ase explain why you wa | nt to join The Pas Fire Departmen | t in the spac | e |
| provided: | | | | |
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Certification of Applicant

| make this application realizing that I will be expected to give freely of my time to attend fires, |
|--|
| meetings, drills, etc., and that my employer, spouse, and family (if applicable) are aware and consent |
| with my intent. I here by certify that I am 18 years of age or older. I am willing to undergo a physical |
| examination by a physician if deemed necessary by the Fire Chief. I will also be required to provide |
| RCMP background check and Driver's Abstract upon acceptances to the Fire Department. I |
| understand that as a fire fighting member of the Department, I will be required to successfully Fire |
| Department related training as deemed necessary. I realize that I am required to follow Fire |
| Department Policies and adhere to Standard Operating Guidelines. I hereby certify that this |
| application contains no misrepresentation or falsification and that the information given is true and |
| complete to the best of my knowledge and belief. I understand that misrepresentation or omission of |
| facts called for in this application is cause for cancellation of the application and/or dismissal. |
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| Signature of Applicant Date |