

# THE PAS FIRE DEPARTMENT



BOX 870 THE PAS MB R9A 1K8

## FIREFIGHTER APPLICATION

### APPLICANT INFORMATION

|                    |               |             |
|--------------------|---------------|-------------|
| SURNAME            | FIRST NAME    | MIDDLE NAME |
| ADDRESS:           |               |             |
| PHONE Residence:   | Business:     | Cell:       |
| Emergency Contact: | Relationship: |             |
| PHONE Residence:   | Business:     | Cell:       |
| E-mail Home:       | Business:     |             |

### EMPLOYMENT HISTORY

|   |             |
|---|-------------|
| Occupation:                                     |             |
| Provide information on your last two employers: |             |
| Name:   | Address:    |
| Contact Person & Phone Number:                  | Month/Year: |
| Name:   | Address:    |
| Contact Person & Phone Number:                  | Month/Year: |

### CERTIFICATION OF EMPLOYER

As the employer of the applicant named above, I am aware of this application to the Fire Department, and consent to the application.

|                 |          |              |
|-----------------|----------|--------------|
| Print Full Name | Position |              |
| Signature       | Date     | Phone Number |

### SKILLS & TRAINING

Highest Level of Education attained:

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Fire Service Experience (if possible attach copies of certificates for any training received).

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Relevant Emergency Medical Training:

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Standard First Aid/CPR Level: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Completed: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Air Brake: Yes \_\_\_\_\_ No \_\_\_\_\_

### HEALTH & MEDICAL

The Fire Service places great physical demands and requires you to carry, lift, climb, crawl, stoop and bend. Do you have any physical limitations that would prevent you from performing these duties?

If yes, please explain:

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### PERSONAL INFORMATION

Have you ever been convicted for anything other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

#### REFERENCES

| NAME  | ADDRESS | PHONE NUMBER | RELATIONSHIP |
|-------|---------|--------------|--------------|
| _____ | _____   | _____        | _____        |
| _____ | _____   | _____        | _____        |

### CERTIFICATION OF APPLICANT

I 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 hereby 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 an RCMP background check and Drivers Abstract upon acceptance to the Department. I understand that as a fire-fighting member of the Department, I will be required to successfully complete Fire Department related training as deemed necessary. I realize that I am required to follow Town of The Pas and Fire Department Policies and adhere to standard Operating Guidelines. I hereby certify that this application contains no misrepresentations or falsifications 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. I authorize the The Pas Fire Department to make any necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_