

FIREFIGHTER APPLICATION FOR CHAPPLE/EMO/LAVALLEE (CIRCLE ONE)

A resume is optional to submit with your application; however, it is preferred.
A copy of your Drivers Licence must be submitted with your completed application (front & back).

NAME: _____
ADDRESS: _____
TELEPHONE: Cell: _____ Home: _____ Other: _____
EMAIL: _____
DATE OF BIRTH: _____ SIN #: to be provided prior to appointment as a Member _____

1 The nature of the position involves carrying a pager (mandatory) and using a cell phone paging app/availability system. Firefighters respond to emergency call-outs when available.

Are you willing to carry a pager regularly? Yes ___ No ___

Are you willing to utilize the cell phone paging/availability app? Yes ___ No ___

2 Are you willing to attend the training and ongoing training to be a member of the Fire & Emergency Service? Note: Minimum standard is attendance at 50% of training sessions held. Attendance at specific training is mandatory. Yes ___ No ___

3 Are you willing to regularly participate in public education and fire prevention events? Yes ___ No ___

4 Class of Drivers Licence currently held: ___ Licence Number: _____

If I do not currently hold a DZ licence, I am willing to acquire one within 12 months of appointment to the Fire & Emergency Yes ___ No ___

5 List any training and/or experience that you believe would be relevant to your role as a firefighter or that would contribute to the Fire & Emergency Service:

6 Do you have or have you previously had any known medical conditions that may affect your ability to perform firefighter Yes ___ No ___

If "yes", please state conditions:

7 Are you able to leave work to respond to an emergency? Yes ___ No ___

What is your normal work schedule? _____

What is your normal work location: _____

Times you cannot leave work to respond: _____

STATEMENTS AND ACKNOWLEDGMENTS:

- (a) I understand that my appointment to the Fire & Emergency Service is conditional upon my undergoing a full medical conducted by a physician and my providing of the written certificate of results of that medical to the Municipality, costs of which will be paid by the Municipality. Yes ___ No___

- (b) I understand that my appointment is conditional upon successfully acquiring a DZ licence within twelve months, the costs of which will be paid by the Municipality. Yes ___ No___

- (c) I understand that my continued membership requires me to attend 50% of all training and meetings, as well as all mandatory training sessions as assigned annually. Yes ___ No___

- (d) I understand that Public Education & Fire Prevention initiatives are a regular occurrence in the Fire Department and I am willing to participate. Yes ___ No___

- (e) I understand that the probation period is 12 months, at the end of which I must have successfully completed the new recruit training program. Yes ___ No___

- (f) I certify that the information provided herein is true and I acknowledge that any falsification or willful omission may be cause for refusal of my application or for future termination of my membership with the Fire & Emergency Service Yes ___ No___

- (e) If my application for membership is approved, I agree to serve the Municipality & its visitors faithfully and diligently in my duties as a firefighter, and I further agree to comply with all policies, procedures, guidelines, directives and by-laws relating thereto. Yes ___ No___

DATE

SIGNATURE OF APPLICANT