

FAIRVIEW VOLUNTEER FIRE DEPARTMENT

APPLICANT INFORMATION FOR VOLUNTEER POSITION

Name:		
Date of birth:	Cell:	Home Phone:
Current address:		
City:	Province:	Postal Code:
E mail:	Cell phone Carrier : TELUS Bell Rogers virgin Other :	Four digit door code:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		Supervisor Name:
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Years with company:	Supervisor aware of application:	Hours of Work:

EMERGENCY CONTACT

Name :		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

INFORMATION

Is your family supportive of your application:		
Years in Fairview	Rural address :	Legal Land:

HEALTH CARE INFORMATION

Health Care Card Number		
Doctors Name:		Any Phobia (s) Y N
Do you wear Glasses: Y N	Hearing Problem's Y N	Back Problems: Y N
High Blood pressure: Y N	Recent Medical Exam Y N	Respiratory problems Y N
Any Allergies : Y N	If Yes What :	Other:

REFERENCES

Name	Address	Phone

EDUCATION / TRADES / FIRE TRAINING

First Aid/EMR/EMT	If yes details:
Rescue Training	If yes details:
Leadership Training	If yes details:
Public Education Training	If yes details:
CPR / AED	If yes details:

FAIRVIEW VOLUNTEER FIRE DEPARTMENT

FIREFIGHTER EXPERIENCE

Years served _____

Rank or Position _____

Department Name _____

Other Information:

Skills SCUBA/swimming/coaching

VOLUNTEER WORK

Organization:

Organization:

DRIVERS LICENCE INFORMATION

Attach A Copy Of Your Drivers License and Drivers Abstract.

Alberta Driver's License Class:	1	2	3	4	5	Air Brake Q endorsement	Yes	No
Restrictions?	Yes	No	If Yes What #			Do You Have Any Points	Yes	No
If Yes How Many Points			Years Driving:			Drivers abstract with more than 8 points will disqualify you from driving Fire Apparatus.		

PLEASE ENSURE THAT YOU HAVE COMPLETED THE APPLICATION IN FULL AND THAT ALL ACCOMPANYING DOCUMENTS ARE INCLUDED IN YOUR APPLICATION PACKAGE.

Copy of drivers license

Copy Of Drivers Abstract

Criminal records Check

SIGNATURES

Signature of applicant.

Date:

PARENT OR GUARDIAN

Signature of Parent Or Guardian:

Date:

Fairview Volunteer Fire Department
 PO Box 730
 11709 101 Avenue Fairview, Alberta
 T0H1L0

Firechief@fairview.ca
Firedeputy@fairview.ca

(780) 835 8003

Fire Chief Signature:

Date:

Deputy Fire Chief Signature:

Date:

All information collected on this form is confidential and will be treated and kept secure.