

The Pas Fire Department Application Form



Applicant Information

Surname: _____	First Name: _____	Middle Name: _____
Address: _____		
Home Phone: _____	Business Phone: _____	Cell Phone: _____
Emergency Contact: _____	Relationship: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____
E-mail: _____		

Skills and Training

Highest Level of Education Attained:		
Fire Service Experience (if possible, attach copies of certificates for any training received):		
Relevant Emergency Medical Training:		
Standard First Aid and CPR: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date Completed:		
Driver's Licence:	Class:	Air Brakes: Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Health and 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:

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 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.

Signature of Applicant

Date