



# POC FIREFIGHTER APPLICATION

## SECTION A: NAME AND CONTACT INFORMATION

|   |                      |
|---|----------------------|
| <b>1. FIRST NAME</b>  | <b>2. LAST NAME</b>  |
| <b>3. HOME ADDRESS</b> (Number, Street, Town, Province, and Postal Code)  |                      |
| <b>4. HOME PHONE</b>  | <b>5. CELL PHONE</b> |
| <b>6. EMAIL ADDRESS</b>   |                      |
| <b>7. PLEASE TELL US HOW YOU HEARD ABOUT CROSSFIELD FIRE DEPARTMENT:</b><br><input type="checkbox"/> Newspaper <input type="checkbox"/> Recruitment Poster <input type="checkbox"/> Crossfield Website<br><input type="checkbox"/> Crossfield Firefighter <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (Specify) _____ |                      |

## SECTION B: BASIC REQUIREMENTS

|  |           |            |
|--|-----------|------------|
| <b>8. DO YOU CURRENTLY LIVE WITHIN THE TOWN OF CROSSFIELD?</b><br>If "YES", how long have you lived in the Town of Crossfield? _____<br>If "YES", please indicate how long you plan to stay in Town of Crossfield? _____ | <b>NO</b> | <b>YES</b> |
| <b>9. DO YOU CURRENTLY WORK WITHIN TOWN OF CROSSFIELD BOUNDRIES?</b>   | <b>NO</b> | <b>YES</b> |
| <b>10. ARE YOU 18 YEARS OF AGE OR OLDER?</b>   | <b>NO</b> | <b>YES</b> |
| <b>11. ARE THERE ANY MEDICAL CONDITIONS THAT PRECLUDE YOUR PARTICIPATION AS A VOLUNTEER FIREFIGHTER?</b>   | <b>NO</b> | <b>YES</b> |
| <b>13. DO YOU HAVE A CURRENT AB CLASS 5 DRIVER'S LICENSE?</b>  | <b>NO</b> | <b>YES</b> |
| <b>14. DO YOU HAVE A CURRENT AIR BRAKE ENDORSEMENT?</b>  | <b>NO</b> | <b>YES</b> |
| <b>15. DO YOU HAVE A CURRENT AB CLASS 3 OR GREATER DRIVER'S LICENSE?</b>   | <b>NO</b> | <b>YES</b> |



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## SECTION C: AVAILABILITY

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| <p>16. a) ARE YOU WILLING AND ABLE TO PARTICIPATE IN A WEEKLY 2.5 HOUR PRACTICE SESSION (Tuesday evenings or prescheduled weekends) MAINTAIN A MINIMUM ANNUAL ATTENDANCE RATE OF 75% OR GREATER FOR TRAINING?</p> <p>b) If you live within town limits, you are willing and able to attend a minimum of 10% of each month's callout volume?</p> <p>c) If you live out of town limits (i.e.: Airdrie), you are willing and able to provide 48 hours per month of volunteer station time as well as respond when requested?</p> | <p>NO</p> <p>NO</p> <p>NO</p> | <p>YES</p> <p>YES</p> <p>YES</p> |
| <p>17. DO YOU UNDERSTAND THAT IN ORDER TO BE AVAILABLE FOR EMERGENCY CALL-OUTS, YOU MUST BE ABLE TO ARRIVE AT THE FIRE STATION PROMPTLY AND HAVE ABSTAINED FROM ALCOHOL AND DRUGS FOR THE PREVIOUS 8 HOURS?</p>   | <p>NO</p>                     | <p>YES</p>                       |
| <p>18. ARE YOU WILLING TO RETAIN AND WEAR NOTIFICATION DEVICES SUCH AS PAGERS AND UTILIZE YOUR PERSONAL CELLPHONE FOR EMERGENCY RESPONSE?</p>   | <p>NO</p>                     | <p>YES</p>                       |
| <p>19. ARE YOU WILLING TO PARTICIPATE IN THE OCCASIONAL WEEKEND TRAINING PROGRAM BOTH IN AND OUT OF THE TOWN?</p>   | <p>NO</p>                     | <p>YES</p>                       |

## SECTION D: EMPLOYMENT

|   |                 |                   |                |
|---|-----------------|-------------------|----------------|
| <p>20. ARE YOU CURRENTLY EMPLOYMENT STATUS?</p>   | <p>EMPLOYED</p> | <p>UNEMPLOYED</p> | <p>RETIRED</p> |
| <p>21. ARE YOU A SHIFT WORKER?<br/>If 'yes,' please describe your shift schedule:</p>   | <p>NO</p>       | <p>YES</p>        |                |
| <p>22. ARE YOU AVAILABLE FOR EMERGENCY CALL-OUT DURING YOUR HOURS OF WORK?<br/>Please provide the name and address of your employer(s):</p> | <p>NO</p>       | <p>YES</p>        |                |
| <p>23. HAVE YOU ATTACHED A CURRENT RESUME?</p>  | <p>NO</p>       | <p>YES</p>        |                |



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## SECTION E: EDUCATION AND TRAINING

|   |           |            |
|---|-----------|------------|
| <p><b>24. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?</b></p> <p><input type="checkbox"/> High School<br/> <input type="checkbox"/> College Diploma<br/> <input type="checkbox"/> University Degree<br/> <input type="checkbox"/> Other (Specify): _____</p>  |           |            |
| <p><b>25. DO YOU HAVE ANY POST-SECONDARY EDUCATION?</b><br/>         If 'YES', please describe:</p>   | <b>NO</b> | <b>YES</b> |
| <p><b>26. DO YOU HAVE PREVIOUS FIREFIGHTER/MEDICAL TRAINING?</b><br/>         If "YES" select applicable certificates:</p> <p><input type="checkbox"/> IFSAC/ProBoard 1001 Level 1<br/> <input type="checkbox"/> IFSAC/ProBoard 1001 Level 2<br/> <input type="checkbox"/> IFSAC/ProBoard 1072/472 Operations<br/> <input type="checkbox"/> IFSAC/ProBoard 1002 Driver/Operator<br/> <input type="checkbox"/> IFSAC/ProBoard 1002 Pump<br/> <input type="checkbox"/> CPR C or HCP/First Aid<br/> <input type="checkbox"/> ACoP Registered Medical Ticket (Specify): _____</p> | <b>NO</b> | <b>YES</b> |
| <p><b>27. DO YOU POSSESS ANY OTHER TRAINING THAT WOULD BE BENEFICIAL TO FIREFIGHTING WORK?</b><br/>         Please provide details on other training:</p>   | <b>NO</b> | <b>YES</b> |



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## SECTION F: WILLINGNESS

|   |    |     |
|---|----|-----|
| 28. ARE YOU WILLING TO PARTICIPATE IN A MEDICAL CHECK REQUIRED OF POTENTIAL VOLUNTEER FIREFIGHTERS?   | NO | YES |
| 29. DO YOU UNDERSTAND THAT VOLUNTEER FIREFIGHTERS ARE EXPECTED TO BE IN GOOD PHYSICAL CONDITION, AND DO YOU FEEL YOU ARE PHYSICALLY ABLE TO PARTICIPATE IN A PHYSICAL FITNESS-RELATED TEST AS PART OF THE SELECTION PROCESS?  | NO | YES |
| 30. DO YOU UNDERSTAND THAT SUCCESSFUL APPLICANTS ARE REQUIRED TO REMAIN WITHOUT FACIAL HAIR TO ENSURE A SELF-CONTAINED BREATHING APPARATUS MASK WILL FORM A POSITIVE SEAL ON THE FACE? (Moustache and short sideburns are acceptable as long as they don't affect the seal) | NO | YES |
| 31. ARE THERE ANY NEEDS THAT YOU WISH TO DISCLOSE THAT MAY REQUIRE ACCOMODATION?<br>If "YES" please describe:   | NO | YES |



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## SECTION G: REFERENCES

**32. IS IT PERMISSIBLE FOR FIRE STATION PERSONNEL TO CONTACT YOUR CURRENT EMPLOYER AS A REFERENCE?** If 'no', please explain:

**NO**

**YES**

### 33. REFERENCE #1

First Name

Last Name

Title

Company Name

Address

Phone

Email

Relationship to you

### 34. REFERENCE #2

First Name

Last Name

Title

Company Name

Address

Phone

Email

Relationship to you

### 35. REFERENCE #3

First Name

Last Name

Title

Company Name

Address

Phone

Email

Relationship to you



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## SECTION H: EMERGENCY INFORMATION

You are not required to share medical conditions or allergies unless non-disclosure could pose a safety concern to yourself or others during the fulfilling of duties as a firefighter.

### 36. MEDICAL CONDITIONS

### 37. ALLERGIES

### 38. EMERGENCY CONTACT #1 - REQUIRED

Name

Relationship to Applicant

- Spouse       Son       Daughter       Friend  
 Mother       Father       Other

Home Phone  
(     )

Cell Phone  
(     )

Work Phone  
(     )

### 39. EMERGENCY CONTACT #2 - OPTIONAL

Name

Relationship to Applicant

- Spouse       Son       Daughter       Friend  
 Mother       Father       Other

Home Phone  
(     )

Cell Phone  
(     )

Work Phone  
(     )



# POC FIREFIGHTER APPLICATION

## SECTION I: SIGNATURE

**Please read carefully:**

I, the undersigned, apply to enroll as a paid-on-call recruit member of Crossfield Fire Department and, if accepted, undertake to perform such duties as may be assigned to me by the Fire Chief or his/her delegated representative.

I understand that this is a paid-on-call volunteer position with hourly remuneration for specified training, events, and emergency callouts.

I verify that the information contained on this application form is true and accurate.

I hereby give consent to the Town of Crossfield to conduct verification of the information given, as required.

39. *Signature*

40. *Date*

**\*\*Note: All applications are held on file. Should information change on your application, please stop in and update your application. We appreciate your interest in our department.**

**Your personal information is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act for the program/activity stated above. If you have any questions about the collection and use of this information, please contact the Town of Crossfield, PO Box 500, Crossfield, Alberta, T0M 0S0, (403) 946-4285.**



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