



POC FIREFIGHTER APPLICATION

SECTION A: NAME AND CONTACT INFORMATION

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

SECTION B: BASIC REQUIREMENTS

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

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SECTION C: AVAILABILITY

16.	<p>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>
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?	NO	YES
18.	ARE YOU WILLING TO RETAIN AND WEAR NOTIFICATION DEVICES SUCH AS PAGERS AND UTILIZE YOUR PERSONAL CELLPHONE FOR EMERGENCY RESPONSE?	NO	YES
19.	ARE YOU WILLING TO PARTICIPATE IN THE OCCASIONAL WEEKEND TRAINING PROGRAM BOTH IN AND OUT OF THE TOWN?	NO	YES

SECTION D: EMPLOYMENT

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



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SECTION E: EDUCATION AND TRAINING

24. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU HAVE COMPLETED?

- ☐ High School
- ☐ College Diploma
- ☐ University Degree
- ☐ Other (Specify): _____

25. DO YOU HAVE ANY POST-SECONDARY EDUCATION?

If 'YES', please describe:

NO

YES

26. DO YOU HAVE PREVIOUS FIREFIGHTER/MEDICAL TRAINING?

If "YES" select applicable certificates:

- ☐ IFSAC/ProBoard 1001 Level 1
- ☐ IFSAC/ProBoard 1001 Level 2
- ☐ IFSAC/ProBoard 1072/472 Operations
- ☐ IFSAC/ProBoard 1002 Driver/Operator
- ☐ IFSAC/ProBoard 1002 Pump
- ☐ CPR C or HCP/First Aid
- ☐ ACoP Registered Medical Ticket (Specify): _____

NO

YES

27. DO YOU POSSESS ANY OTHER TRAINING THAT WOULD BE BENEFICIAL TO FIREFIGHTING WORK?

Please provide details on other training:

NO

YES



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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? 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

()



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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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