



## 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 #:** \_\_\_\_\_

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? 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 Service. 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 a minimum amount of combined trainings, meetings, and call outs 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\_\_\_

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DATE

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SIGNATURE OF APPLICANT