



Kananaskis Emergency Services

Firefighter Residency Apprenticeship Program Application

Your name, phone number, home address, postal code, education and medical information are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used in the review of your application for employment with Kananaskis Emergency Services and the Pomeroy Kananaskis Mountain Lodge and will be kept on file for the duration of your employment as per department records management policies. If you have any questions about the collection, contact Kananaskis Emergency Services: Box 70, 1 Boundary Road Kananaskis AB T0L 2H0 or at 403.591.7755

Section A - Demographics			
Last Name		First Name	
Address		City/Town	Postal Code
Phone Number		Email	
Are you legally entitled to work in Canada until the end of 2021?		YES	NO
Are you willing to fully commit to the 20-month program?		YES	NO
Are you willing to work holidays, evenings, weekends?		YES	NO
Are you comfortable residing in shared accommodations?		YES	NO
Are you comfortable living in a remote location?		YES	NO
Do you have a reliable vehicle?		YES	NO

Section B - Education & Skills			
Do you have a high school diploma or equivalent?		YES	NO
Do you have any post secondary education?		YES	NO
Institution	Program	Level Completed	Year
Institution	Program	Level Completed	Year
Institution	Program	Level Completed	Year
Do you have any trade experience or training?		YES	NO
Describe			
Do you have any previous fire training?		YES	NO
Institution	Program	Level Completed	Year
Institution	Program	Level Completed	Year
Do you have any previous medical training?		YES	NO
Institution	Program	Level Completed	Year
Institution	Program	Level Completed	Year

Section C - Pomeroy Kananaskis Mountain Lodge

Do you have any previous hotel/hospitality experience?		YES	NO
Company	Location	Position	Year
Company	Location	Position	Year

Section D - Qualifications

Do you have a valid drivers license?		YES	NO	
Do you have an air brake (Q) endorsement?		YES	NO	
License Class	Are you on a GDL?	YES	NO	
Please indicate the highest current level of training you have.				
First Aid	None	Emergency	Standard	Advanced
CPR	None	Level A	Level C	HCP

Section E - Review & Signatures

Please ensure the following are submitted with your application (files must be submitted as PDF)

- All 3 pages of the application form
- Cover Letter & Resume
- Copy of your drivers license
- Copy of first aid (if applicable)
- Signature in both boxes below

Drivers abstracts, criminal records check and doctors medical are not collected at this time, but will be required later in the application process.

I understand that employment with the Pomeroy Kananaskis Mountain Lodge/Kananaskis Nordic Spa and subsequent residency are required to participate in the program, and should my employment with Pomeroy/KNS be terminated (by myself or by Pomeroy/KNS) that my position within the program is subject to termination.

Applicant Signature _____

_____ Date

I declare that all statements made in this application are true and I understand that any misrepresentation of material facts herein may cause forfeiture of my rights to participate in the Firefighter Residency Apprenticeship Program (FRAP) with the Kananaskis Emergency Services.

Applicant Signature _____

_____ Date

Section F - Medical Information

*This form is collected for use by Kananaskis Emergency Services **ONLY** and is not provided to the Pomeroy Kananaskis Mountain Lodge/Kananaskis Nordic Spa*

Please complete the following questionnaire to assess your suitability to complete the Candidate Physical Assessment safely. Should you have any questions, or answer 'YES' to any of the questions, please contact us to discuss the matter further.

Office Use Only

The candidate has been deemed suitable to participate

YES

NO

Officer: _____

Signature: _____

Date: _____

Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity? YES NO

Do you have chest pain brought on by physical activity? YES NO

Have you developed chest pain at rest in the past month? YES NO

Have you developed shortness of breath under minimal physical exertion in the past month? YES NO

Do you lose consciousness or balance as a result of dizziness? YES NO

Do you have a musculoskeletal problem that could be aggravated by prescribed activity? YES NO

Is your doctor currently prescribing medication for your blood pressure or heart condition? YES NO

Are you or have you been pregnant within the last six (6) months? YES NO

Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval? YES NO

By signing below, I _____ confirm that the information provided above is truthful and factual to the best of my knowledge. I understand that falsification of this document will result in the automatic termination of my position and will indemnify Kananaskis Emergency Services from any ill affects sustained while participating in the Candidate Physical Assessment.

Signature _____

Date _____