



Kananaskis Emergency Services

Paid On Call Firefighter 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 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to work holidays, evenings, weekends?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you presently employed & residing in Kananaskis?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Employer		Position	
Length of time in position		How long do you plan to stay in Kananaskis?	
Do you have a reliable vehicle?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

Section C - Firefighting Interest

Are you interested in pursuing a career in Firefighting? YES NO

Please describe what interests you in becoming a Firefighter with Kananaskis Emergency Services and how you feel your prior knowledge, skills and experience, coupled with your unique character traits, make you a strong candidate.

Section D - Qualifications

Do you have an Alberta drivers license? YES NO

Do you have an air brake (Q) endorsement? YES NO

License Class	Are you on a GDL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---------------	-------------------	------------------------------	-----------------------------

Please indicate the highest current level of training you have.

First Aid	<input type="checkbox"/> None	<input type="checkbox"/> Emergency	<input type="checkbox"/> Standard	<input type="checkbox"/> Advanced
-----------	-------------------------------	------------------------------------	-----------------------------------	-----------------------------------

CPR	<input type="checkbox"/> None	<input type="checkbox"/> Level A	<input type="checkbox"/> Level C	<input type="checkbox"/> HCP
-----	-------------------------------	----------------------------------	----------------------------------	------------------------------

Section E - Medical Information

*This form is collected for use by Kananaskis Emergency Services **ONLY***

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 _____

Additional Documentation

Please ensure the following are submitted with your application

- All 4 pages of the application form
- Resume
- Criminal Record Check with Vulnerable Sectors
- Copies of your drivers license and first aid (if applicable)
- 3-year drivers abstract
- Signature in both boxes below

Copies of other certificates are not collected at the time of application submission but will be requested to be presented at the interview stage.

I understand that employment within Kananaskis and subsequent residency are required to participate in the program, and should my employment be terminated (by myself or by the employer) 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 Paid On Call Firefighter program with the Kananaskis Improvement District Emergency Services.

Applicant Signature

Date

Completed applications and documents should be emailed to gary.r.robertson@gov.ab.ca

Kananaskis Emergency Services
Box 70, 1 Boundary Road Kananaskis AB T0L 2H0
403.591.7755