

Please list any special skills or abilities that you possess which you feel would be beneficial to the department.

Would you consider being a medical first responder as well as a firefighter? Yes _____ No _____

Are you available to respond to fire emergencies during:

The daytime? Y/N

The evening/night? Y/N

The weekend? Y/N

Please provide three-character references that we may contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I _____ authorize the Hedley Fire Department/Improvement District to contact the persons listed above for the purpose of obtaining reference information.

Potential members will be interviewed by the Fire Chief and or Manager and are required to be a member of the fire department team and to assist medical first responders.

Successful applicants may be required to supply a criminal record check; will be required to submit a driver's abstract if driving fire department apparatus and will be required to sign the fire department code of conduct. (Cost if any to be reimbursed to the member)

Accepted applicants are subject to a three-month probationary period (12 practices) and are required to successfully complete a minimum level of firefighting training (paid by the fire department if successful) prior to membership.

It is understood that issued equipment (i.e. PPE and radios) will remain the property of the Hedley Fire Department and the applicant/member is required to return it upon termination or resignation.

Applicants Name: (please print legibly) _____

Applicants Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Interviewed by: _____

HEDLEY FIRE DEPARTMENT

Application Form

Personal information on this form is collected under the Freedom of Information Act and will be used to determine eligibility for service as **firefighter**. Direct any questions concerning this collection of personal information to the Administrative Officer of the Hedley Improvement District.

Name:

Surname _____ Given _____ Initial _____

Address: _____ #Years: _____

Previous Address: _____ # Years: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

SIN # _____ (required upon membership)

Driver's License # _____

Occupation: _____

Employment History:

Name of present or most recent employer: _____

Address: _____

Duties/ Responsibilities: _____

Previous employer: _____

Address: _____

Duties/ Responsibilities: _____

Education:

Tell us about your education:

Please list any additional relevant training or experience you possess that you feel would be beneficial to the department as a firefighter (e.g. first aid, construction work, heavy equipment operator)

