



CYPRESS COUNTY EMERGENCY SERVICES

816 — 2nd Avenue, Dunmore, Alberta T1B 0K3
Phone: (403) 526-2888 | Fax: (403) 526-8958 | www.cypress.ab.ca

PAID-ON-CALL FIRE FIGHTER EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY

- To apply for a paid on-call fire fighter position with the Cypress County, you must fully complete the PAID ON CALL FIRE FIGHTER EMPLOYMENT APPLICATION and provide all supporting documentation.
- Carefully review each section thoroughly. You are responsible for the accuracy of all statements.
- Full disclosure of information is expected. Should a section not apply to you, write “n/a” in the appropriate space.
- Do not submit original documents, photocopies only please.
- Only attach items requested in this document.
- Any costs incurred to obtain and/or provide supporting documentation are your responsibility.

SUPPORTING DOCUMENTATION CHECKLIST

- Completed Fire Fighter employment application
- Copies of all relevant and related fire education courses
- First Aid with HCP (Health care provider) AED, CPR Level C
- A photocopy of your valid Alberta Class 5 with Air Brakes (Q) Operator’s Permit (preferred)

PLEASE NOTE: You may be required to provide a copy of your drivers abstract at a later date. **Applicants with six or more demerit points against their current driving record will not be processed. We prefer that you maintain a valid driver’s license with less than six (6) demerits**

- Any current suspensions or charges pending?
 Yes No

EMPLOYMENT ELIGIBILITY Please provide answer to the following questions:

- Are you 18 years of age or older?
 Yes No
- Are you a Canadian citizen or Landed Immigrant?
 Yes No
- Are you legally entitled to work in Canada?
 Yes No
- Are you able to perform prolonged and strenuous work under difficult conditions?
 Yes No
- Are you aware you have any vision, hearing or medical conditions which may make you ineligible to safely perform fire fighter tasks?
 Yes No
- What class of licence do you hold? _____
- Do you have a valid Q Brake Endorsement? Yes No
- Which Fire Station are you applying for?
 Box Springs Dunmore Elkwater Hilda Irvine One Four Schuler Seven Persons Walsh
- What position are you applying for?
 Traffic Control - Dealing with traffic conditions surrounding incidents, including flagging and ensuring there is proper signage.
 Administration – Assisting with paperwork including filing etc. at the station.
 Medical First Response (MFR) – Attend and respond to medical calls only.
 Wildland - Attend and respond to grass fires.
 1001 – Attend and respond to structure fires.
 Other – Performs miscellaneous duties around the hall such as shop maintenance, clean up after calls.

RECRUITMENT PROCESS

1. A review of application to determine relevant skills, qualifications, and experience by the hiring committee to ensure applicant meets the criteria.
2. The applicant is contacted via phone/email if successful and proceeds to the interview stage. Candidate is interviewed and provides both work and personal references.
3. If the applicant is unsuccessful the applicant will be notified via email/letter stating, they may re-apply when criteria is met, or application will be held if stations are full.
4. If the applicant is successful and provided a conditional offer, he/she will be required to provide the following:
 - Criminal Records Check (vulnerable sector)
 - Driver's abstract (current within 30 days of conditional offer)
 - Medical Clearance Form

Employment is conditional on the above with results satisfactory to Cypress County at its sole discretion. The above must be provided **prior to start date**. Applicants must further understand that unsatisfactory completion of any pre-employments will result in revocation of the offer.

5. Once pre-employments are satisfactorily met, the applicant will be contacted by telephone, then receive a Health & Safety Orientation and be required to complete final paperwork followed by gear sizing at the station.
6. The applicant will now enter their assigned station as a **probationary firefighter for 6 months**.

PLEASE COMPLETE

LAST NAME	PREFERRED NAME	GIVEN NAME(S)	
ADDRESS		CITY / PROVINCE	POSTAL CODE
TELEPHONE NO. [Preferred] ()	TELEPHONE NO. [Other] ()	TELEPHONE NO. [Other] ()	
E-MAIL ADDRESS		TODAY'S DATE	

EMPLOYMENT HISTORY (Most recent first)

BUSINESS NAME & CITY	
SUPERVISOR'S NAME	POSITION HELD
DATE STARTED	DATE LEFT
RESPONSIBILITIES	

BUSINESS NAME & CITY	
SUPERVISOR'S NAME	POSITION HELD

DATE STARTED	DATE LEFT
RESPONSIBILITIES	

BUSINESS NAME & CITY	
SUPERVISOR'S NAME	POSITION HELD
DATE STARTED	DATE LEFT
RESPONSIBILITIES	

FIRE FIGHTER TRAINING - Attach photocopies of documentation – authenticating seal numbers should be legible.

FIRE FIGHTER COURSES/PROGRAMS/WORKSHOPS/SEMINARS	
NAME OF COURSE	DATE COMPLETED
NAME OF COURSE	DATE COMPLETED
NAME OF COURSE	DATE COMPLETED
NAME OF COURSE	DATE COMPLETED

FIRST AID & CARDIOPULMONARY RESUSITATION – LEVEL “C” - Attach photocopies of documentation – authenticating seal numbers should be legible

FIRST AID & LEVEL “C” or HIGHER	
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED

OTHER TRAINING - Attach photocopies of documentation – authenticating seal numbers should be legible.

MISCELLANEOUS TRAINING (Courses, Programs, Seminars, Workshops)	
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED
NAME OF COURSE & SCHOOL	DATE COMPLETED

COMMUNITY SERVICE/VOLUNTEER EXPERIENCE

ORGANIZATION NAME & CITY/ADDRESS	
CONTACT PERSON/TITLE/PHONE # & EMAIL	NUMBER OF HOURS PER MONTH
DATE STARTED	DATE LEFT
RESPONSIBILITIES	

ORGANIZATION NAME & CITY/ADDRESS	
CONTACT PERSON/TITLE/PHONE # & EMAIL	NUMBER OF HOURS PER MONTH
DATE STARTED	DATE LEFT
RESPONSIBILITIES	

ORGANIZATION NAME & CITY/ADDRESS	
CONTACT PERSON/TITLE/PHONE # & EMAIL	NUMBER OF HOURS PER MONTH
DATE STARTED	DATE LEFT
RESPONSIBILITIES	

REFERENCES

NAME	EMAIL/PHONE #
ORGANIZATION	

NAME	EMAIL/PHONE #
ORGANIZATION	

Please sign and initial below to confirm that you have read and understood the following and provided the consents and authorizations set out below.

I certify that all statements, both written and verbal, made in the course of my application for employment are true. I understand that any misstatements of material facts may result in my application being rejected or constitute grounds for dismissal. I authorize Cypress County to contact any or all individuals, companies, former employers, references or institutions to obtain information, opinion, reports, records, documents or copies thereof in any form concerning my skills, knowledge, behaviors and/or performance as they relate to the competencies for this position.

Initials _____

Dated this _____ day of _____, 20 _____

Name of Applicant (please print)

Applicant's Signature

Name of Witness (please print)

Witness' Signature

Dated this _____ day of _____, 20 _____