

**City of Brooks Fire Department
Application Form**

Date: _____, 20_____

Name: _____
(Please Print Clearly)

Address: _____

Phone Numbers: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____

Length of time living in Brooks: _____

Date of Birth: _____

Alberta Operator's Licence Class: _____ **A clear photocopy of licence {front & back} + a Summary of Driving Record {5 years driving record, current within 30 days} must be submitted with this application**

Do you own a licenced vehicle: Yes _____ No _____

Education (*Post Secondary and/or High School – What Grade*) _____

Place of current employment: _____
A copy of the Employer Consent must be attached to this application

How long have you been employed at your current job: _____

If less than three (3) years at previous employment, provide a history including amount of time and place of employment for the last three (3) years:

Do you object to us contacting your employer or references: _____

Do you object to a Doctor's examination for physical fitness: _____

Do you object to a Police Security/Criminal Records Check: _____

Have you had any previous Fire Fighting experience: _____

Are you able to commit to on call weekend standby: _____

Why do you wish to join the Fire Department: _____
_____?

% of time you are in town and available for calls: Day _____% Night _____%

Are you a: Canadian Citizen _____ Landed Immigrant _____ or Have a Work Visa with at least a two (2) year work period remaining _____.

Additional Information or Interests you would like to bring to our attention:

References (at least three (3), include names + telephone numbers) (preferably work related):

I do hereby declare, that, should I be successful in my application for membership as a volunteer member of the City of Brooks Fire Department, I will obey and abide by the rules and regulations, standing orders, job duties, etc. of the Fire Department as contained in the Brooks Fire Department manual and if I fail to comply with these rules, I understand that I will be subject to disciplinary action. I further understand that if accepted that I will be on six months probation and that at any time during this probationary period I may be asked to leave the Department for conduct unacceptable by the Fire Chief or Manager of Fire & Rescue Services.

{All pending applications will remain on file for a period of six (6) months. After that time applications and supporting documents will be destroyed and applicants are invited to apply again.}

Signature of Applicant: _____

Received by Fire Department (date): _____

City of Brooks Fire Dept.
Revised: September 19, 2008

Attached to and forms part of the City of Brooks Fire Department Application Form

This page must accompany the application form

Fire fighting can be physically and mentally demanding. The work environment requires the ability to react quickly and remain calm under stressful situations. Applicants must possess agility and stamina to perform all functions of this position under adverse conditions.

Therefore all applicants shall be aware that if employed by the City of Brooks Fire Department that the following (and / or other) job requirements may present themselves and that the applicant can be expected to perform these or similar duties.

- 1) Wear Turnout Gear including Self Contained Breathing Apparatus (SCBA) weighing around 23 kg while performing fire fighting and rescue duties.
- 2) Climb stairs in full turnout gear and SCBA while carrying additional weight of around 12 kg.
- 3) Drag 60m of 65mm fire hose and nozzle a distance of 60 m.
- 4) Carry tools and equipment over uneven ground safely.
- 5) Work on ladders at heights in excess of 20m.
- 6) Crawl distances of around 15 m.
- 7) Work on roofs at various heights.
- 8) Drag weights around 70 kg for distances of around 8m.
- 9) Work in enclosed spaces.
- 10) Perform duties indoors and outdoors in all types of weather, day or night.

The applicant acknowledges the above (and / or other) job related skills that he / she may be asked to perform while on the job and / or in practice sessions.

By signing below the undersigned acknowledges that to the best of his / her knowledge he / she can perform these duties/tasks safely without hurting themselves, co-workers or the general public.

Dated At _____, _____
(City or Town) (Province)

This _____ day of _____, 20____
(Date) (Month) (Year)

(Name of applicant - please print clearly)

(Signature of Applicant)

City of Brooks Fire Dept.
Revised: September 19, 2008