



Lacombe Fire Department Recruit Application

Thank-you for your interest in volunteering with the Lacombe Fire Department! Please ensure that you have read all informational materials before filling out this application form. By filling out this application form, you are committing yourself to take part in the applicant screening process which includes a(n):

- current criminal record check
- current driver's abstract
- medical clearance form signed by a physician
- physical fitness test
- interview with a selection panel

How did you hear about us?

Personal Information

Surname	Given Name(s)
Date of Birth	Home Phone
Cell Phone	Business Phone
Email Address	
Home Address	
Emergency Contact Name	Emergency Contact Phone
Drivers' License Number	Drivers' License Class (and special endorsements)

Language Comprehension

Are you proficient in reading, writing, and speaking in English?

- No
- Yes

Do you read, write and speak in any other language(s)?

- No
- Yes, please detail:

Employment Information

Current Employer	Occupation/Title
Manager/Supervisor Name	Employer Phone
What are your regular hours of employment?	Availability during employment times? <input type="checkbox"/> Available <input type="checkbox"/> Limited availability <input type="checkbox"/> Unavailable
Employer Address	
May we contact this employer?	

Previous Employer	Occupation/Title
Length of Employment	Employer Phone
Employer Address	

Previous Employer	Occupation/Title
Length of Employment	Employer Phone
Employer Address	

Volunteer Information

Organization	Position
Contact Person	Contact Phone
Length of involvement	May we contact this organization?

Volunteer Information Con't

Organization	Position
Contact Person	Contact Phone
Length of involvement	May we contact this organization?
Any other volunteer or extracurricular (ex: sports) involvement?	

Availability

General availability for call outs (check all that apply):

- Weekdays
- Weeknights
- Weekends
- ALL of the above

Related Skills & Experience

Do you have previous firefighting, medical or other emergency response experience?

- No
- Yes, please detail:

Any certifications for firefighting, medical or emergency response?

- No
- Yes, please detail:

Do you have previous military or police experience?

- No
- Yes, please detail:

Other experiences that may apply to this position?

- No
- Yes, please detail:

Education/Trades

Do you currently have a high school diploma or general equivalency diploma? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Any post-secondary certificate(s), diploma(s), degree(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail:
Any trades certificate(s) or diploma(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes, please detail:

Please explain why you are interested in becoming a member of the Lacombe Fire Department?

Reference Check Authorization

I _____ authorize the Lacombe Fire Department to contact the persons or organizations listed below for the purposes of obtaining reference information including information in my personnel file(s). These persons are authorized to disclose such information.

Personal References

These references are those that you have met in your personal life, and can include family, friends, teachers, and colleagues (not direct supervisors).

Name	Relationship	Phone Number

Professional References

These references are those that you have met through work (direct supervisors) and volunteer experiences.

Name	Title	Company	Relationship	Length of Involvement/ Employment	Phone Number

Personal information on this Volunteer Application is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) Section 33(c). It will be used to determine your suitability, eligibility or qualifications for volunteerism. Questions about the use or collection of this information should be directed to the [FOIP Coordinator at foip@lacombe.ca](mailto:foip@lacombe.ca) or 403-782-6666.

I certify that the information given on, or attached to, this application is correct. I understand that any falsification of statements, misrepresentation, deliberate omission, or concealment of information may be considered just cause for immediate dismissal.

I understand the information provided in this form will be used to assess my suitability for the position of Volunteer Firefighter.

Applicant Signature

Date