



## Paid On-Call Firefighter Application Form

Name: \_\_\_\_\_

Are you over the age of 18 years?  Yes  No

Phone (H): \_\_\_\_\_ Phone: (C) \_\_\_\_\_

Email: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Mailing Address:

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Drivers Licence #: \_\_\_\_\_ Province: \_\_\_\_\_

Class: \_\_\_\_\_ Has your licence ever been suspended?  Yes  No

**Please submit a current driver's abstract for the past 5 years.**  Submitted

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Health care #: \_\_\_\_\_

Do you require any accommodations to perform standard firefighter duties? If so, what accommodations would be required to enable you to perform standard firefighter duties?

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Do you have prior experience in the fire service?  Yes  No

**If yes:** Fire Department name: \_\_\_\_\_

How many years: \_\_\_\_\_

Highest rank held: \_\_\_\_\_

Name of Fire Chief: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Employment Background**

Are you legally entitled to work in Canada?  Yes  No

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Position: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_

May we contact your current and previous employer(s) for reference?  Yes  No

Does your employer support your application?  Yes  No

Does your employer support you responding to emergencies during work hours?  
 Yes  No

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Do you have a criminal record for which a pardon has not been granted?

Yes  No If yes, explain: \_\_\_\_\_

**Please submit a current criminal record check.**  Submitted

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Are you able to pass a vulnerable sector check?  Yes  No

**Please submit a current vulnerable sector record check.**  Submitted

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Briefly explain why you chose to apply with the La Ronge Regional Fire Department:

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### **Submit Checklist:**

- Resume  Awareness Statement Form  Criminal/Sector Checks
- Medical Clearance Form (to be provided later in the application process)
- Drivers Abstract  Fire Service Certification(s) (if any)

## **Commitment and Awareness Statements**

Are you aware and agree, that you will be dealing with people at their worst moments and your ability to keep private information in confidence is of the utmost importance, and that breaching this will result in immediate dismissal from the department?  Yes  No

Are you aware and agree, that Post Traumatic Stress Disorder (PTSD) is common with all first responders, and that it is very likely that you will witness a horrific event?  Yes  No  
**(The Fire Department offers Mental Health help after every major event)**

Are you aware and agree, that as a member of the Fire Department, the tri-communities view you as someone in which they place a tremendous amount of trust? Any actions that erode that trust and place the Fire Department in a negative light, will not be tolerated and be grounds for suspension or immediate dismissal.  Yes  No

Are you aware and agree, that it is your responsibility to attend all scheduled practices (at least once a month), meetings or extra training events? (approved absences are excluded)  Yes  No

Are you aware and agree, that your attendance for emergency calls, training events, practices, community events will be closely monitored? And that in a calendar year, you will be required to hold a minimum of a 10% attendance rating? Failure to meet our attendance requirements will result in dismissal.  Yes  No

Are you willing and able to follow instructions and directions from Officers and senior firefighters?  Yes  No

Are you aware and agree, that when responding to the Fire Hall for a callout, that all rules of the road will be followed? Hazard lights are permitted however, undercover emergency lights, flashing high beams, honking, passing and excessive speeding will be grounds for immediate dismissal.  Yes  No

Are you aware and agree, that if selected to serve with the La Ronge Regional Fire Department, it will be your responsibility to advise the Fire Chief or Acting Fire Chief of any changes to personal information, criminal offences or any other changes that affect your eligibility to remain an active member of the Fire Department?  Yes  No

I, \_\_\_\_\_ understand the above statements, and understand that any false information will withdraw my application and or, be grounds for dismissal if later identified after hired.

\_\_\_\_\_ (Signature)

Date: \_\_\_\_\_