



**Beaumont Fire Services**  
5010 52 Ave, Beaumont, Alberta  
Telephone: (780) 929-6185

## VOLUNTEER FIREFIGHTER APPLICATION

**Carefully read the following:**

**Due to the large number of applications anticipated for the position of Volunteer Firefighter, the following application rules MUST apply:**

- 1. Refer to the City of Beaumont Application Manual for required qualifications for Volunteer Firefighters. The Beaumont Fire Services will only accept this application form, NOT resumes.**
- 2. Please attach only the documentation requested to the back of the application, in the order indicated. DO NOT attach documentation not requested on this application form. ONLY attach COPIES of documents. Additional documentation may be requested later in the recruitment process.**
- 3. After filling out each page and attaching the requested documentation to the back of the application, attach all pages together securely and in order with a staple or a paper clip.**
- 4. Failure to follow these instructions or adding materials not requested may result in your application being rejected.**
- 5. If you have any questions regarding this application please contact us at 780.929.6185**

### PERSONAL INFORMATION

<b>Full Name (Please Print)</b>		<b>Date of Application</b>	
(Surname)	(First)	(Middle)	(yyyy-mm-dd)
<b>Address - Street</b>			<b>Primary Telephone</b>
<b>City</b>	<b>Province</b>	<b>Postal Code</b>	<b>Alternate Telephone</b>
<b>Email:</b>			

## LICENSES, CERTIFICATES AND QUALIFICATIONS

18 years of age on or before date of application?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Legally Entitled to Work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not a Canadian Citizen, documents must be available upon request. Landed Immigrant? Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Work Visa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grade 12 or equivalent?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name or location of school or institute	Course or Program	Credits, Grade, Certificate, Diploma or Degree	Date Completed (yyyy-mm-dd)
<b>Fire Service Education:</b> (please mark with a check, as applicable)	<b>Name and Location of School:</b>	<b>Date Completed:</b> (yyyy-mm-dd)	
<b>NFPA 1001 Firefighter II</b> (IFSAC or ProBoard) <input type="checkbox"/>			
<b>NFPA 472/1072 Operations</b> (IFSAC or ProBoard) <input type="checkbox"/>			
<b>First Aid Certificates</b>  Standard First Aid <input type="checkbox"/>  Medical First Responder <input type="checkbox"/>  EMR/PCP/ACP License <input type="checkbox"/>  Other (Please specify) <input type="checkbox"/>			
<b>CPR (Health Care Provider) Level C with AED</b> <input type="checkbox"/>			

***If applicable, please attach a COPY of:***

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
2. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
3. First Aid / Emergency Medical Responder / Other Certification (Current)
4. CPR (Health Care Provider) Level C with AED Certificate (Current)

**LICENSES, CERTIFICATES AND QUALIFICATIONS, continued**

<b>Driver's License Information</b>	
Do you possess a valid Class 5 Alberta Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Driver's License Number:	
What class(es) of license do you possess?	
1 <input type="checkbox"/>	2 <input type="checkbox"/>
3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>
Do you have any restrictions on your driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please explain:	
Do you have an air brake endorsement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Present number of points showing on drivers abstract:	
Have you had any provincial or criminal driving suspension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please explain:	
<b>Firefighter Candidate Physical Ability Test (CPAT) or U of A Firefighter Fitness Test</b>	
Successful completion of Firefighter Candidate Physical Ability Test (CPAT) or U of A Fitness Test within past year?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Test Date:	(This is not a requirement to apply)
<b>Criminal Record Search – Not required at time of application, but will be required if successful.</b>	
Do you consent to a Criminal Record search? (vulnerable sector person of trust)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes: Consent is a requirement for consideration for hiring. Conviction for a criminal or summary offence does not necessarily preclude consideration for the position of firefighter. Convictions will be reviewed on the basis of their relation to this occupation).	
Have you been convicted of a criminal or summary offence for which you have NOT Received a pardon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received a pardon? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
If "Yes", give particulars:	

***Please attach a COPY of:***

1. Copy of CPAT or U of A Fighter Fitness test (**Within last 12 months**)

**DESIRABLE TRAINING AND EXPERIENCE**

<b>Post-secondary education or equivalent?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Name or location of school or institute</b>	<b>Course or Program</b>	<b>Credits, Grade, Certificate, Diploma or Degree</b>	<b>Date Completed (yyyy-mm-dd)</b>
<b>Advanced Fire Service Training:</b>	<b>Name and Location of School</b>	<b>Date Completed (yyyy-mm-dd)</b>	
NFPA 1002 Driver/ Pumper/ Aerial Levels			
NFPA 1041 Fire Service Instructor I			
NFPA 1021 Fire Officer I			
NFPA 1021 Fire Officer II			
NFPA 1051 Wildland			
<b>Other Fire Service Courses:</b> (please mark with a check, as applicable)	<b>Name and Location of School</b>	<b>Date Completed (yyyy-mm-dd)</b>	
Auto Extrication <input type="checkbox"/>			
Ice Rescue <input type="checkbox"/>			
Confined Space Rescue <input type="checkbox"/>			
Hazardous Materials <input type="checkbox"/>			
Incident Command <input type="checkbox"/>			
Critical Incident Stress <input type="checkbox"/>			
<b>Other Desirable Traits</b>			
<b>Do you have training or experience at the technical trades or equivalent?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please explain:			

**Firefighter Experience**

Do you have Firefighter experience?

Yes  No

If "Yes", state location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Length of Service: \_\_\_\_\_

***Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.***

**OTHER TRAINING AND EXPERIENCE (not mentioned previously)**

Name and Location of School or Institution	Course, Program, Major, Field	Credits, Grade, Certificate, Diploma/Degree Attained	Date Completed (yyyy-mm-dd)
Vocational or Trade School or Trades Qualification			
Technical Institute or College			
Other Educational Information			
Other Fire Service Training	Name and Location of School		Date Completed (yyyy-mm-dd)

(attach separate sheet if more room required)

<b>Related skills, knowledge and abilities:</b>
<b>Language(s) other than English in which you are fluent:</b>
Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Sign <input type="checkbox"/> None <input type="checkbox"/>
<b>Any other applicable knowledge, abilities, skills and personal qualities not covered elsewhere?</b> (e.g. computer skills)

***Copies of the certificates for courses listed above may be required to be provided should you be offered an interview. PLEASE DO NOT PROVIDE COPIES WITH YOUR APPLICATION.***

**EMPLOYMENT HISTORY:**

<p><b>In chronological order – starting with most recent work.</b>  <b>Include times of self-employment, unemployment, extended travel or apprenticeship</b>  <input type="checkbox"/> If you indicated previous Fire Service experience, include the name and phone number of your Chief Officer in your <b>EMPLOYMENT HISTORY</b> so they can be contacted as a reference.</p>
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<b>Firm or Organization</b>	<b>Nature of Business</b>	<b>Date Started</b> (yyyy-mm-dd)	<b>Are you a shift worker? If so, what hours do you work?</b>
<b>Address</b>	<b>Telephone No.</b>	<b>Date Ended</b> (yyyy-mm-dd)	
<b>Duties</b>	<b>Position Title</b>		
	<b>Immediate Supervisors Name</b>		
	<b>Supervisors Title or Position</b>		
	<b>Phone Number</b>		
<b>Permission to Contact Employer?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Reason For Leaving This Position</b>		

<b>Firm or Organization</b>	<b>Nature of Business</b>	<b>Date Started</b> (yyyy-mm-dd)	<b>Are you a shift worker?</b> If so, what hours do you work?
<b>Address</b>	<b>Telephone No.</b>	<b>Date Ended</b> (yyyy-mm-dd)	
<b>Duties</b>	<b>Position Title</b>		
	<b>Immediate Supervisors Name</b>		
	<b>Supervisors Title or Position</b>		
	<b>Phone Number</b>		
<b>Permission to Contact Employer?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Reason For Leaving This Position</b>		

<b>Firm or Organization</b>	<b>Nature of Business</b>	<b>Date Started</b> (yyyy-mm-dd)	<b>Are you a shift worker?</b> If so, what hours do you work?
<b>Address</b>	<b>Telephone No.</b>	<b>Date Ended</b> (yyyy-mm-dd)	
<b>Duties</b>	<b>Position Title</b>		
	<b>Immediate Supervisors Name</b>		
	<b>Supervisors Title or Position</b>		
	<b>Phone Number</b>		
<b>Permission to Contact Employer?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Reason For Leaving This Position</b>		

<b>Firm or Organization</b>	<b>Nature of Business</b>	<b>Date Started</b> (yyyy-mm-dd)	<b>Are you a shift worker? If so, what hours do you work?</b>
<b>Address</b>	<b>Telephone No.</b>	<b>Date Ended</b> (yyyy-mm-dd)	
<b>Duties</b>	<b>Position Title</b>		
	<b>Immediate Supervisors Name</b>		
	<b>Supervisors Title or Position</b>		
	<b>Phone Number</b>		
<b>Permission to Contact Employer?</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Reason For Leaving This Position</b>		

***NOTE: Additional references may be required and must be provided upon request.***



## BEAUMONT FIRE SERVICES MEDICAL RELEASE FORM

Applicant Name: \_\_\_\_\_ (Please print)

### **Purpose:**

The purpose of this document is to ensure that the person named above (applicant) is medically fit to undertake firefighting activities. A brief summary of the physical demands for the training courses and position is provided below. Further information may be obtained by contacting the office of the Deputy Fire Chief for the City of Beaumont Fire Services. **This is not required at the time of application, but will be required if applicant is invited to Physical Demands Test.**

### **Summary of Physical Demands:**

This position will include activities that include, but are not limited to, structural firefighting, pre-hospital patient care, rescue and extrication, confined space and wild-land firefighting. Some of the major stressors are outlined below:

1. Tolerating extreme fluctuations in temperature while performing duties. Firefighter are required to perform physically demanding work in hot (up to 150°C or 400°F), humid (up to 100%) atmospheres, while wearing personal protective equipment that significantly impairs thermoregulation.  
(Core body temperatures can reach up to 40°C after 20 min of hard work).
2. Wearing firefighting clothing and equipment that weighs at least 22 kg (50 lbs.) while performing firefighting work.
3. Performing physically demanding work while wearing positive pressure self-contained breathing apparatus (SCBA) which presents a significant resistance to expiratory flow and may reduce peak exercise ventilation by approximately 15%.
4. Making rapid transitions from rest to near maximal exertion, without warm-up periods.
5. Operating in environments of high noise, poor visibility, limited mobility, at heights and in enclosed or confined spaces.
6. Using hose, ladders and manual or power tools that weigh up to 45 kg (100 lbs.).
7. High levels of cardiovascular stress as evidenced by average heart rates of 70% of the age-predicted maximum during firefighting activities with brief, repeated periods of near maximal heart rate (90+%).

**A medical doctor must review the above information; a letter must be prepared on the physician's stationery, signed and dated by the physician. This letter must include the following statement:**

***I have reviewed the description of the City of Beaumont Fire Service's summary of physical demands and hereby certify that \_\_\_\_\_ can safely perform all aspects associated with the position of firefighter.***

The information collected on/attached to this form is recognized as personal information as referred to in the FOIP Act. This personal information is collected pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to determine eligibility and/or suitability for a position with the City of Beaumont Fire Service. If you have any questions or concerns regarding the collection and the intended purposes, please contact the Deputy Fire Chief, at 5010 52 Ave. Beaumont, AB T4X 1A1 or at 780.929.6165.

# APPLICANT DECLARATION

I certify that all statements in this document are true and correct. I understand and acknowledge there is zero tolerance for deceit, dishonesty or non-disclosure of information relating to the questions in this application. I agree and understand that any misstatement of material facts in this application will cause loss of all rights to employment with the City of Beaumont Fire Service.

Signature: \_\_\_\_\_

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

Main Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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Please forward your completed application form to fireadmin@beaumont.ab.ca or mail application to:

**City of Beaumont Fire Services**  
Attention: Volunteer Firefighter Recruitment  
5600 49 Street  
Beaumont, AB, T4X 1A1

**Please Note: Applications can be received in person at the Beaumont Fire Hall at 5010 52 Avenue**

**Note: Ensure all pages are assembled in order 1 – 10 and all required attachments are ordered 1-2 as indicated above behind page 10 of this application. The application may now be stapled together.**

**IF APPLICABLE, PLEASE ENSURE ALL OF THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH THIS APPLICATION: CLEAR PHOTOCOPIES.** (unless otherwise specified)

1. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
2. NFPA 1001 level 2 Certification (IFSAC and/or ProBoard)
3. NFPA 472 Operations Certification (IFSAC and/or ProBoard)
4. First Aid / Medical First Responder / Other Certification (Current)
5. CPR (Health Care Provider) Level C with AED Certificate (Current)
6. Recent Criminal Record Check, including Vulnerable Sector Check (**CRC/VSC MUST NOT BE MORE THAN 6 MONTHS OLD**) not required at time of application.
7. Current drivers abstract with no more than seven (7) demerits for the past five years, **not required at time application.**
  - Use your legal name on all documents (enclose copies of any name change documents).
  - Ensure that all boxes on the application have been filled out or check marked.
  - Any areas within the application form that do not apply to you, **must** be marked **N/A.**
  - **Be SURE the application is COMPLETE before submitting it.**