

Firefighter Application



Applicant Information		
Full Legal Name:		
Phone:	Alt. Phone:	
Mailing Address:		
Residential Address:		
Email:		
If Rural Address; Indicate Number of kms to Turner Valley:		kms
Have you reached the age of majority? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you legally permitted to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of person to notify in case of emergency:		Relationship:
Emergency Contact's Residential Address:		Telephone #
Education		
Highest grade completed in school:		
Post-Secondary Education:		
Institution	Major	Certificate / Diploma
Do you possess a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has your license ever been suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO
License #	Province:	Class:
EMPLOYMENT HISTORY: (Begin with most recent / current)		
Employer:		
Address:		
Employed From:	To:	
Name and Title of Supervisor:		
Position and Duties:		
Reason for seeking other/additional employment:		
Employer:		

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Employed: From:	To:
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Position and Duties:	
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Employer:	
Address:	
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Name and Title of Supervisor:	
Position and Duties:	
Reason for seeking other/additional employment:	
Agreement:	
DECLARATION: (READ CAREFULLY BEFORE SIGNING)	
I certify that the statements made in this application form are true and complete. I understand and agree that a false statement may disqualify me from employment, or result in dismissal.	
Applicant's Signature:	Date:

The information requested on this form does not contravene the Individual's Rights Protection Act. The Town of Turner Valley is an Equal Opportunity Employer and appointment to the Public Service is based on merit without regard to race, religious beliefs, color, age, sex, ancestry or place of origin.

Please submit this application to:
Turner Valley Fire & Rescue ATTN: APPLICATIONS Box 330 Turner Valley, AB T0L 2A0

PLEASE DO NOT WRITE BELOW THIS LINE

Date received:	Reviewed by:
Interview notes:	