



---

## Lacombe Fire Department Recruit Application

---

Thank-you for your interest in the Lacombe Fire Department. Upon application, there will be a screening process which includes an interview with a selection panel and a physical fitness test. Once an individual has been accepted into the recruit program, they will be required to complete a *medical exam by a physician, criminal record check, and a drivers' abstract.*

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? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you read, write and speak in any other language(s)? <input type="checkbox"/> No <input type="checkbox"/> 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?

- No
- Yes
- 

Any post-secondary certificate(s), diploma(s), degree(s)?

- No
- Yes, please detail:

Any trades certificate(s) or diploma(s)?

- No
- 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 (FOIP) 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](tel: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