



# NIPAWIN FIRE DEPARTMENT FIREFIGHTER APPLICATION

**PLEASE PRINT:**

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

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

**TELEPHONE / EMAIL**

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

Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Provider: \_\_\_\_\_

Text message capable?     YES     NO     UNSURE

**DRIVER'S LICENSE**

Do you possess a valid Saskatchewan driver's license?

YES     NO    Class: \_\_\_\_\_

Has your license ever been suspended?     YES     NO

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

**EMPLOYMENT BACKGROUND**

Current employer: \_\_\_\_\_

Current position: \_\_\_\_\_

May we contact your current or previous employer(s) for a reference?

YES     NO

Does your employer support your application?     YES     NO

Does your employer support you responding to emergency calls during work hours?

YES     NO     UNSURE

Do you have previous firefighter experience?     YES     NO

Please include a copy of your current Driver's License, Driver's Abstract, Criminal Record Check with Vulnerable Sector Check, Medical Assessment and Resume with this application.



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List your last three (3) employers or all employers in the past five (5) years

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you aware of any medical conditions or phobias that would prevent you from fulfilling the duties of a firefighter? (If yes, explain)  YES  NO

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**A complete medical assessment must be completed. The examining physician will determine the candidate's medical eligibility based on a review of all relevant medical information. This medical assessment shall be submitted with this application.**

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

YES  NO If yes, explain: \_\_\_\_\_

**A criminal record check including a vulnerable sector check is required and shall be submitted with this application.**

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## COMMITMENT AND AWARENESS STATEMENTS

Are you aware that you will be dealing with people at their worst moments and your ability to keep this information in confidence is of the utmost importance, and that a breach of this will result in your immediate dismissal from the department?  YES  NO

Are you aware that it is your responsibility to attend all scheduled practices and meetings to maintain active status (approved absences are excluded).  YES  NO

Are you aware that your attendance for emergency calls, training sessions, meetings and special events will be monitored, and a documented poor attendance record may result in your dismissal?  YES  NO

Are you aware that, as a member of the Fire Department, that the community views you as someone in which they place a tremendous amount of trust? Any actions that serve to erode that trust or respect and place the Department in a negative light will not be tolerated and may be grounds for discipline or immediate dismissal.  YES  NO

Are you willing and able to follow instructions and directions from Officers and senior firefighters?  YES  NO

Are you aware, that if selected to serve with the Nipawin Fire Department, it is your responsibility to advise the Fire Chief of any changes to your personal status which may impact your eligibility to remain an active member of the Department?  YES  NO

Are you aware that it is your responsibility to ensure that anything that interferes with the face-to-facepiece seal of the SCBA mask is removed during periods of active duty with the Department (including facial hair, jewellery, piercings, etc.).  YES  NO

I, the undersigned, state that the information provided is true and accurate.

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NAME

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SIGNATURE

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DATE

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EMPLOYER NAME

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EMPLOYER SIGNATURE

EMPLOYER PHONE NUMBER: \_\_\_\_\_

## **APPLICANT DECLARATION**

I, \_\_\_\_\_ do hereby make application to join the Nipawin Fire Department, and if approved, pledge to obey the Bylaws and Regulations of the Department, and all lawful orders of my Superior Officers.

I meet the minimum age of eighteen (18) years at time of application.

I understand that my initial membership is for a probationary period during which time I will learn and demonstrate the duties of a Firefighter and if deemed to be suitable for permanent membership, I will be advised of such or released accordingly.

I further understand and accept that, if approved for permanent membership, it is conditional upon an acceptable attendance record for emergency responses, training sessions, meetings and special events. Poor performance in this regard or generally may result in sanctions up to and including dismissal from the Department.

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SIGNATURE

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DATE

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WITNESS NAME

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WITNESS SIGNATURE

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