



**Education**

Name and Address of School		Course of Study	Years Completed	Diploma or Degree
High School				
University or College				
Trade School or Business School				

**Employment Experience**

Begin with your most recent job and list all employers for the last **ten** years. Include part-time, full-time and all periods of employment. If there are gaps in time between jobs ( drawing unemployment, illness, etc. ) use one section below to explain each gap. You may exclude organizations which indicate race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability, or pardoned conviction.

**1.** Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary Start	Final	
Reason for Leaving			

**2.** Applicant's Address During This Time of Employment

Employer	Date Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary Start	Final	
Reason for Leaving			

3. Applicant's Address During This Time of Employment

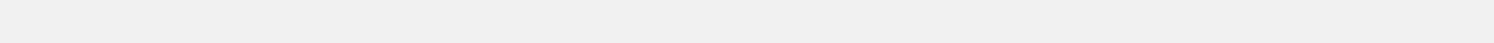
Employer	Date Employed From   To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Start   Final		
Reason for Leaving			

4. Applicant's Address During This Time of Employment

Employer	Date Employed From   To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Start   Final		
Reason for Leaving			

**References:** Provide 3

_____	_____	_____	_____
Name	Occupation	Phone #	Email
_____	_____	_____	_____
Name	Occupation	Phone #	Email
_____	_____	_____	_____
Name	Occupation	Phone #	Email



**Specialized Skills**

**Check Applicable Skills, Experience, Certifications, Licenses, Equipment Operated:**

<b><u>AFF/ARFF Exp.</u></b> ( ) Military ( ) Civilian ( ) No. of Years ( ) None	<b><u>Aircraft Exp.</u></b> ( ) Military ( ) Commercial ( ) General Aviation ( ) None	<b><u>Airport Exp.</u></b> ( ) Military ( ) Civilian ( ) None	<b><u>FF Certified</u></b> ( ) FF I ( ) FF II ( ) Fire Control ( ) None ( ) Other _____	<b><u>Structural FF Exp.</u></b> ( ) Paid Dept ( ) Volunteer Dept ( ) No. of Years ( ) None	<b><u>HAZMAT Cert.</u></b> ( ) Awareness ( ) Operational ( ) Technician ( ) None
<b><u>Security Exp.</u></b> ( ) School ( ) Work Exp. ( ) Military ( ) Commercial ( ) None	<b><u>Rescue Exp.</u></b> ( ) Jaws ( ) High Angle ( ) Water ( ) Confined ( ) None	<b><u>EMS</u></b> ( ) Current EMR ( ) Current CPR ( ) Current EMT ( ) Current EMT-P ( ) Current First Responder	<b><u>Office Machines/Software</u></b> ( ) Computer ( ) Excel ( ) Word ( ) PowerPoint ( ) Windows	<b><u>Miscellaneous</u></b> Radio License ( ) Yes ( ) No Valid Driver's License ( ) Yes ( ) No Class 3 Driver's License ( ) Yes ( ) No Air Endorsement ( ) Yes ( ) No Hepatitis B Inoculation ( ) Yes ( ) No Vaccination Date: _____	

Please provide copies of Service Record from the Military (if applicable):

**List Job Related Skills and Qualifications from Employment or Other Experience:**

**You may exclude organizations that indicate race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, disability, or pardoned conviction.**

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Do you have a physical disability which will affect your ability to perform any of the functions for which you have applied? \_\_\_\_ Yes \_\_\_\_ No

If the answer to the above is "yes," what functions can you not perform and what accommodations could be made which would allow you to do the work adequately? \_\_\_\_\_

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**CERTIFICATE OF AUTHORIZATION AND RELEASE**

I certify that answers given in this application are true and complete to the best of my knowledge. I release from all liability or legal claims every person seeking or providing information in connection with my application for employment, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

This application for employment shall be considered active for a period of time not to exceed **60 days**. After that time, applicants will be required to resubmit a completed application. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me. *I have read (or have had read to me), understand and agree to the above statement. (Please initial here).* \_\_\_\_\_

**Consent to the collection, use and disclosure of personal information:**

By applying for this position, I hereby give my consent to Pro-Tec Fire Services of Canada ULC, and its recruiters and managers, to:

- (a) access and use the personal information contained in my application form and/or my resume, if submitted;
- (b) contact the references named herein or in my resume, if submitted;
- (c) access and use the information contained in my criminal record (if any) obtained as a result of the criminal record check;
- (d) access and use the information in my Driver's Abstract obtained from Alberta Government Insurance;

(e) in the event that I am offered a position, I agree to submit to a physical fitness exam and/or a medical examination, and consent to Pro-Tec's access and use of the information obtained as a result, and to use any of the information collected as per above to assess my experience and suitability for the applied position.

***I have read*** (or have had read to me), understand and agree to the above statement. (Please initial here). \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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