

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

2. 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			

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:

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

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.

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? _____

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: _____