

Humboldt Fire Department



City of Humboldt-Application to Join the Paid on Call Fire Department

Applicant Name: _____

Driver's License: _____ Yes: ____ No: ____

Driver's license number: _____ Class: _____

Email Address: _____

Civil Address: _____ Mailing Address: _____

Marital Status: _____ # of Dependents: _____

Spouse or Emergency Contact Name: _____

Emergency Contact number: ____ - ____ - ____

Social Insurance Number: ____ - ____ - ____

Sask Health Number: _____

Height: _____ Weight: _____ Age: _____ Date of Birth: _____

Do you have any disabilities that may impair your ability to perform any duties?

Yes: ____ No: ____

If yes, please explain _____

If accepted, are you willing to take a medical? _____ Yes: ____ No: ____

Briefly explain your reason for joining: _____

Requirement is to have an active cell phone on a contract not prepaid. Are you able to meet this requirement? _____ Yes: ____ No: ____

Is your employer willing to allow you to join this department? _____ Yes: ____ No: ____

Is your employer willing to allow you to attend calls during working hours? _____

Yes: ____ No: ____

Will you be willing to carry a radio or pager/cell phone during working hours? _____

Yes: ____ No: ____

Will your employer allow you to carry a radio or pager during working hours? _____

Yes: ____ No: ____

Previous experience with emergency services? _____

Are you willing to meet with an interview committee? _____ Yes: ____ No: ____

Do you have any Medical problems, major operations, disabilities, smoker (e.g. claustrophobia, fear of heights, etc)? _____

Yes: ____ No: ____

If **Yes** please explain: _____

What are your hobbies or special interests? _____

Do you have any special training or classification of any kind? _____

How long have you been employed at your present position? _____
Have you held other job, and for how long? _____

What is your highest level of education? (High school, Secondary school, University) _____

Three references (not related):

1).Name: _____ Phone: _____ - _____ - _____
2).Name: _____ Phone: _____ - _____ - _____
3).Name: _____ Phone: _____ - _____ - _____

Are you willing to do any kind of volunteer work, attend training sessions and fire school?
(Possibly completing Level I in two years)? Yes: ____ No: ____

What do you expect to gain from the Fire Department and being a firefighter?

Applicant's Home Phone Number: _____ - _____ - _____

Cell Number: _____ - _____ - _____

Employers phone Number: _____ - _____ - _____

Who referred you to this organization? _____

Signature of Applicant: _____

Signature of Employer: _____

Date of Application: _____

Date Accepted: _____

Date Rejected: _____

Application must include:

____ Drivers abstract-current

____ Criminal records check
with vulnerable sector check.

____ Copy of current First aid
with Level C CPR.