



# 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.