

M.D. of Taber Regional Fire Services Application

TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

LAST NAME _____ GIVEN NAME(S) _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____

HIGH SCHOOL Yes No YEAR GRADUATED _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No CLASS _____

Have you had a criminal conviction for which a pardon has NOT been granted Yes No

A criminal record check must be obtained and is a mandatory condition.

EMPLOYMENT HISTORY (INCLUDE RELATED VOLUNTEER EXPERIENCE)

MOST RECENT EMPLOYER _____

SUPERVISOR'S NAME _____

DATE STARTED _____ DATE LEFT _____

POSITION _____

RESPONSIBILITIES _____

LAST EMPLOYER _____

SUPERVISOR'S NAME _____

DATE STARTED _____ DATE LEFT _____

POSITION _____

RESPONSIBILITIES _____

- Please attach a resume and copies of any CPR and/or first-aid certificates if applicable or any further information regarding skills and abilities that are related to the position for which you are applying.
- We would like a work reference and two personal references must be provided at the time of an interview.
- All applicants are thanked for their interest and will be contacted.

The personal information requested on this form is being collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act, Section 33c and is protected under the Act. It will be used to determine whether the applicant is suitable and qualified for appointment to a volunteer position within M.D. of Taber Regional Fire Services. If accepted as a volunteer a mandatory criminal background check and a driver's abstract must be presented before volunteering commences.

APPLICANT'S DECLARATION

I certify that all statements in this application are true. I agree and understand that any misstatement of material facts in this application will cause loss of all right to volunteering with the M.D. of Taber Regional Fire Services.

Signature

Date