

Buckland Fire & Rescue- Employment Application

Email Application to:
info@bucklandfire.com
Fax: 306-922-0084

Last Name:

Given Name:

SIN #:

Phone Numbers:

Daytime:

Evening:

Other (Cell, Pager, etc.):

Are you between 18 & 60 yrs of Age?

Yes

No

Address:

City:

Postal Code:

Valid Drivers License:

Driver's License Class:

Yes

No

1 2 3 4 5

Air Brake Endorsement?

Yes

No

Driver's License No.

Prov.

Do you hold a Valid First Aid Certificate?

Yes

No

If Yes-What Level?

Do you have any physical limitations/health problems that may affect your performance as a responder?

Yes No If yes provide details:

Employer: _____

Occupation: _____

Location: _____

Your availability: (When would you be available to respond to an emergency call?)

24/7

Weekdays

Evenings/Weekends

Are you willing to take part in Training?

Yes

No

Can you leave work? Yes No

Please indicate any experience or skills that will help with emergency response:

Please indicate the type of work you are interested in doing:

Firefighting

Vehicle Rescue

Farm Rescue

Search & Rescue

Water/Ice Rescue

High Angle Rescue

Confined Space Rescue

Embankment Rescue

Committee

Administration

Public Education

Inspections

Training

Mechanical Maintenance

On a scale of 1-10 where would you measure yourself on commitment? (1 being lowest, 10 highest)

Signature: _____

Date: _____

Buckland Fire & Rescue is an equal opportunity employer. This information is collected under the freedom of Information Act and is required to process your application for employment with Buckland Fire & Rescue. All information on this form will remain Confidential.