

# Wallace District Fire Department

Virден/Elkhorn/RM of Wallace-Woodworth

PO Box 2082

Virден, MB. R0M 2C0

## Paid on call Job Application Station:

Virден

Elkhorn

Dear Applicant:

You must complete all sections of this application. Please print or type the required information in pen. This application should not be construed as a contract. Paid on call service with the Wallace District Fire Department is at-will and may be terminated at any time with or without notice and or without cause.

### Personal Information

Name:	SIN :
Address:	Medical #
City/Town:	
Date of birth	
Email address:	
Day telephone:	
Evening telephone:	
Cellular telephone:	

### Emergency Contact Information

Name:	Relation:
Address:	
City:	Province:
Day telephone:	
Evening telephone:	
Cell telephone:	email address:

### Educational Background

High School	
Last grade completed	diploma GED
School Attended:	Address:

College/University	
Years completed:	
Degree earned:	
Name of School:	

**Employment History**

<b>List the most recent employer first.</b>	
Employer:	Description of duties and/or
Supervisor:	Responsibilities:
Address:	
City/town:	
Telephone:	
Position held:	Reason for leaving:
Dates of employment:	
Employer:	Description of duties and/or
Supervisor:	Responsibilities:
Address:	
City/town:	
Telephone:	
Position held:	Reason for leaving:
Dates of employment:	
Employer:	Description of duties and/or
Supervisor:	Responsibilities:
Address:	
City/town:	
Telephone:	
Position held:	Reason for leaving:
Dates of Employment:	

**Will your present employer allow you to leave your job to attend emergencies during your work hours?**                      **Yes**                      **No**

Please include any additional experience including community service and/or volunteer work:
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Have you ever been discharged or asked to resign from a job?

### Service Orientation

Are you presently or have you ever been a member of any fire, rescue, EMS, or emergency services agency?

If so, what agency?

May we contact your superior officer or supervisor regarding your service?

Supervisor name:

Title:

Address:

City/Town:

telephone:

### Criminal History

Have you ever been convicted of any crime?

Do you consent to a criminal records check

### Medical History

Do you have any medical conditions or physical limitations that we should be aware of?  
If yes, explain:

Are you currently on any medication or undergoing any special medical treatments?

If yes, explain:

### Qualifications, Skills, and Training

List any fire, rescue, EMS and /or emergency management training, experience, and certifications you currently hold. Please attach copies of your certifications to this application.

List any special qualifications, skills, certificates and/or licenses you hold.

### Driving record

Do you hold a valid driver's license?

Province of license: \_\_\_\_\_ class of license: \_\_\_\_\_

License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

### Statement

Please use the space below to summarize any additional information you would like to include:

### Certification & Agreement

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge, and I have not intentionally omitted any information.

I understand that if I am accepted as a member of the Wallace District Fire Department, I will serve a probationary period of 6 months from the date of my acceptance.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (if necessary)

\_\_\_\_\_  
Date

Approved:    Yes                                  No

\_\_\_\_\_  
Signature of Fire Chief

\_\_\_\_\_  
Date

Company \_\_\_\_\_ Number \_\_\_\_\_

Six Month probation ends: \_\_\_\_\_

