



Edson Fire Department Application Form



(Please Print)

APPLICANT INFORMATION					
Last name:	First name:	Middle initial:	Gender:	Birth date: (dd/mm/yyyy)	
			M <input type="checkbox"/> F <input type="checkbox"/>		
Mailing address:			City:	Province:	Postal Code:
Phone Numbers:	Number Type:	Number:		Number Type:	
Email Address:					
Location of Residence (If outside for Edson please list distance from town):					
Related skills Please list any relatable skills (Equipment Operation, Technical Rescue, Photography, Public Relations, etc.) <hr/> <hr/> <hr/> <hr/>					
Please provide three references (2 work and 1 personal) No family members please					
1. Name:			Contact Number:		
Work/Personal <input type="radio"/> Work <input type="radio"/> Personal					
2. Name:			Contact Number:		
Work/Personal <input type="radio"/> Work <input type="radio"/> Personal					
3. Name:			Contact Number:		
Work/Personal <input type="radio"/> Work <input type="radio"/> Personal					
<p>I hereby certify that I am 18 years of age or older. I am willing to undergo a physical examination by a physician if deemed necessary by the Fire Chief. I understand that as a fire fighting member of the department, I will be required to successfully complete fire related courses as well as the standard first aid/CPR course, and a yearly fitness evaluation. I understand that this position will require the attendance of emergency calls at various times of day, weekly training nights and weekend on-call/training opportunities. I realize that I am required to follow Town of Edson Policies and Operating Standard's. I hereby certify that this application contains no misrepresentations or falsifications, and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal. I authorize the Town of Edson to make any necessary and appropriate investigations to verify the information contained herein.</p> <p style="text-align: center;"> <i>Applicant signature:</i> _____ <i>Date (dd/mm/yyyy):</i> _____ </p>					
The collection of this personal information authorized by sections 33 & 34 of the <i>Freedom of Information and Protection of Privacy Act</i> . This information will be protected under the provisions of the <i>Alberta Freedom of Information and Protection of Privacy Act</i> . If you require further information regarding the collection, use or intention of the aforementioned information, please contact the Town of Edson Protective Services Department at 780-723-3178.					

Next Steps:

- Application will be reviewed for the upcoming recruitment class.
- Successful candidates will be contacted for an interview.
- Drivers Abstract and Criminal Records Checks will be requested