



APPLICATION

Cold Lake Fire-Rescue

All information received will be held in strict confidence. Answering Yes or No to any of the questions will not necessarily revoke this application. **PLEASE PRINT**

1) PERSONAL INFORMATION

Last Name:	First Name:	Address:
Home Phone:	Work Phone:	Occupation:
Over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Drivers Licence Number:	Class:

2) POSITION APPLIED FOR (please check (1) appropriate box)

Firefighter Dispatcher Other

3) BACKGROUND INFORMATION

Do you have any previous related training and when taken? Yes _____

Are you able to attend regular weekly practices? Yes No

Are you able to leave your place of work to respond to emergencies? Yes No Sometimes

Are you able to pass an advanced security screening? Yes No

Would you provide us with a recent medical? Yes No
(If no, a form will be provided upon recruitment)

4) REFERENCES

List three (3) Personal References (excluding relatives):

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Address: _____	Address: _____	Address: _____

All information I have provided is correct and accurate to the best of my knowledge.

Signature: _____ Date: _____

Where did you hear about Cold Lake Fire-Rescue Recruiting: _____



5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the Freedom of Information and Protection of Privacy Act, Sec. 33 (c) which regulates the collection, use and disclosure of personal information.