



Hanna Fire Department Member Application

Any questions regarding this application or the Hanna Fire Department may be directed to Fire Chief David Mohl via email at hannfire@telus.net or phone at 403-854-0088.

Contact Information

Applicant Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Insurance Number: _____
(DD/MM/YYYY)

Home Address: _____ Mailing Address: _____

Home Phone: _____ - _____ - _____ Email Address: _____

Cell Phone: _____ - _____ - _____ Cell Phone Provider: _____

Emergency Contact Information

Emergency Contact Name: _____
(Last) (First)

Relationship to Applicant: _____ Primary Phone Number: _____ - _____ - _____

Employment Information

Employer Name: _____

Years of Employment: _____ Position: _____

Supervisor Name: _____
(Last) (First)

Supervisor Phone Number: _____ - _____ - _____

Supervisor Email Address: _____

Medical History

Prescribed Medications: _____

Do you have any of the following medical or psychological conditions or a history of conditions that may impact your role as a firefighter? Check/list all that may apply:

___ Asthma ___ Epilepsy ___ Diabetes (insulin or non-insulin dependent) ___ Hay Fever

___ Claustrophobia ___ Agoraphobia ___ Psychosis ___ Neurosis ___ Schizophrenia

___ Physical Disability/Impairment: _____

___ Allergies: _____

___ Other: _____

General Information

Referred/Recommended by: _____
(Firefighter Name)

Do you consider yourself to be physically fit to be a firefighter? ___ Yes ___ No

Previous Fire Department Experience: ____ Yes ____ No

If Yes: Department Name: _____ Years of Service: _____

Fire Chief Name: _____

Primary Contact Number: _____ - _____ - _____

Have you received training in any of the following courses?

- SCBA? ____ Yes ____ No
 - Type: _____ Year completed: _____
- First Aid/CPR
 - ____ First Aid Only Year Completed: _____
 - ____ CPR Only Year Completed: _____
 - ____ First Aid/CPR Combination Year Completed: _____
- Fire or Rescue courses (include additional list with application, if necessary)
 - Course Name: _____ Year Completed: _____
 - Course Name: _____ Year Completed: _____
 - Course Name: _____ Year Completed: _____

Are you actively involved in any other community groups? ____ Yes ____ No

If Yes, list group name and years of membership: _____

Have you ever had your Driver's License suspended? ____ Yes ____ No

Have you ever been convicted of a criminal act? ____ Yes ____ No

If Yes, please provide explanation: _____

Will you provide a Criminal Records Check upon request? ____ Yes ____ No

I agree that the information provided above is accurate to the best of my knowledge. I understand that any false information provided or omitted from the above questions may result in dismissal. I acknowledge that the submission of an application does not guarantee an interview for a position on the Department, nor does it guarantee an official spot as a firefighter on the Hanna Fire Department. The Hanna Fire Department reserves the right to deny your application for any reason deemed necessary from the information above or following the interview process, should an interview be held. Interviews are held on an as needed basis when department vacancies occur.

Signature of Applicant

Date

Completed applications may be returned, with a **CURRENT** Driver's Abstract:

- In person: Town Office - 302 2 Avenue West, Hanna, AB T0J1P0
- Via Mail: Hanna Fire Department - Box 430, Hanna, AB T0J1P0
 - Via Fax: 403-854-4579
 - Via Email: hannfire@telus.net