

**APPLICATION FOR EMPLOYMENT & PERSONNEL RECORD
BIGHORN EMERGENCY SERVICES
M.D. OF BIGHORN NO. 8
#2 HEART MOUNTAIN DRIVE
P.O. BOX 310, EXSHAW, ALBERTA T0L 2C0
403-673-3611**

PERSONAL INFORMATION

NAME: _____
(Last) (Given) (Middle)

STREET ADDRESS: _____

MAILING ADDRESS: _____

PHONE NO: (Home) _____ (Work) _____ (Other) _____

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH: _____

YOU ARE REQUIRED TO HAVE A VALID ALBERTA DRIVER'S LICENSE AND TO PROVIDE A DRIVER'S ABSTRACT WITH THIS APPLICATION.

HEIGHT: FT. _____ IN. _____ **WEIGHT:** _____ LBS.

DO YOU HAVE ANY DISABILITIES? (If yes, please indicate): _____

NAME & TELEPHONE OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____
(Name) (Phone No.)

HEALTH: (Circle) EXCELLENT GOOD FAIR POOR

ALBERTA HEALTH CARE NUMBER: _____

A DOCTOR'S RECOMMENDATION REGARDING FITNESS FOR DUTY MAY BE REQUIRED.

SPOUSE'S NAME (If married): _____

DO YOU HAVE ANY DEPENDENTS: _____ **IF YES, HOW MANY:** _____

EDUCATION: HIGHEST GRADE COMPLETED _____

NAME & ADDRESS OF SCHOOL _____

Application -Bighorn Emergency Services

TECHNICAL SCHOOL ATTENDED: (List names, address, dates attended, subject studied) _____

COLLEGE OR UNIVERSITY ATTENDED: (List names, address, dates attended, subject studied) _____

PRESENT EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

LENGTH OF TIME AT THIS EMPLOYER: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

OCCUPATION: _____

SUPERVISOR: _____

LENGTH OF TIME AT THIS EMPLOYER: _____

ATTACH RESUME' OR ADD ADDITIONAL PAGES IF NECESSARY.

REFERENCES:

(list two or three people who are not related to you by blood or marriage who are familiar with your education or work experience)

NAME

ADDRESS & PHONE NUMBER

MAY THE FIRE DEPARTMENT CONTACT YOUR PRESENT EMPLOYER OR ANY OF THE ORGANIZATIONS OR REFERENCES WHICH YOU HAVE LISTED TO ASK QUESTIONS REGARDING YOUR CHARACTER OR ABILITIES? (Circle) Yes No

ARE YOU BONDABLE? (Circle) Yes No

I authorize investigation of all statements in the application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, terminated at any time without previous notice.

I understand that a job related medical examination may be required after an offer of employment has been made and further, that the offer of employment may be contingent upon a satisfactory job-related medical examination and a physical agility test.

I certify that my answers to these questions are complete, true and correct to the best of my knowledge.

_____ Date _____ Signature of Applicant
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**DO NOT WRITE BELOW THIS LINE**

**Date Application Received:** \_\_\_\_\_

**Date Interviewed:** \_\_\_\_\_

**Interviewed By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                   |  |                                  |  |
|-----------------------------------|--|----------------------------------|--|
| RCMP Security Clearance Form      |  | Doctor's Fitness Report Letter   |  |
| Alberta Driver's License Abstract |  | Photocopy of AB Driver's License |  |
| Revenue Canada Income Tax Form    |  | Life Insurance Beneficiary Form  |  |
| Fire Department Orientation       |  | Photo for Emergency Pass         |  |
| Direct Deposit Authorisation      |  | Benevolent Association Form      |  |

REFERENCES (cont.):

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**HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT, RESCUE SQUAD OR SIMILAR ORGANIZATION? (Circle)      YES      NO**

NAME AND ADDRESS OF ORGANIZATION: \_\_\_\_\_

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DATE OF SERVICE: \_\_\_\_\_ LENGTH OF SERVICE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

LIST ALL RELATED TRAINING YOU COMPLETED:  
(I.E.: First Aid, CPR, Fire Fighting Training)

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**IN A BRIEF PARAGRAPH, STATE WHY YOU WISH TO JOIN THIS DEPARTMENT, WHAT THE DEPARTMENT CAN GAIN FROM YOUR MEMBERSHIP AND WHAT YOU EXPECT TO GAIN FROM MEMBERSHIP.**

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# Municipal District of Bighorn No. 8

No.2 Heart Mountain Drive, P.O. Box 310, Exshaw, Alberta T0L 2C0

Phone: (403) 673-3611 • Calgary Direct: (403) 233-7678

Fax: (403) 673-3895 • Email: [bighorn@mdbighorn.ca](mailto:bighorn@mdbighorn.ca)

Website: [www.mdbighorn.ca](http://www.mdbighorn.ca)

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Date: \_\_\_\_\_

File Number: Personnel

Dear Physician,

\_\_\_\_\_ has applied to work as a volunteer firefighter with the Bighorn Emergency Services. This work could involve the operation of heavy equipment, heavy lifting and work in high-stress emergency conditions.

Does \_\_\_\_\_ have any medical conditions we should be aware of which would make his/her undertaking this activity?

Thank you.

Yours truly,

Martin Buckley  
Chief Administrative Officer

Physician's  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature





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Canmore R.C.M.P.,  
101 Elk Run Blvd.,  
Canmore Alberta

\_\_\_\_\_ has applied for a position with our Volunteer Fire Department. They require a Security Clearance (Criminal record Check), including Vulnerable Sector Check, to be completed and returned.

Please contact the Fire Chief if there are any questions regarding this request; the Fire Chief may be contacted through this office.

This person is aware that they will be required to provide two pieces of Government issued identification, one of which must be photograph.

Thank you,

Exshaw Fire Chief





MD of Bighorn  
Box 310  
Exshaw, Alberta  
T0L 2C0

I, \_\_\_\_\_ give the MD of Bighorn permission to

deduct one (1) hour of pay every month from my Exshaw Volunteer Fire  
Department pay, to be applied to The Exshaw Firefighters Benevolent  
Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Beneficiary Designation for Accident & Sickness Policy

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis. Please Print.

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share %

If none of the above -named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Specifying Beneficiaries

| Individual (always show relationship to the insured) | *Primary Beneficiary | **Contingent Beneficiary Second | Contingent Beneficiary |
|------------------------------------------------------|----------------------|---------------------------------|------------------------|
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |
|                                                      |                      |                                 |                        |

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



# BIGHORN EMERGENCY SERVICES - EXSHAW

## New Member Orientation

The head of the Department is the District Chief, Rick Lyster. He is assisted by the following officers

Lee Leibel, Captain Crew 1                      Al Hogarth, Captain Crew 2  
Duncan Smith, Lieutenant Crew 12      Tim Kelly, Lieutenant Crew 2

- All members are assigned to crews which take turns in responding to calls. The crews rotate after each call, unless both crews were paged to respond. All members are expected to report to the hall when their crew is paged. If unable to respond, it is appreciated if the member reports by phone.

- New members are assigned to one of the two Crews and given a pager corresponding to that crew. Members are expected to carry their pager at all times while in the response area.

- As respected members of the community, firefighters are expected to conduct themselves responsibly and in a professional manner at all times. There is a distinct need to maintain the confidentiality of persons and circumstances encountered during emergency situations. All new members undergo a 6 month probationary period, during which their suitability is assessed.

- Practices are held each Monday, from 18:30 to 20:30 (6:30 to 8:30 pm), occasionally going to 21:30. In the case of major statutory holidays occurring on those nights, the practice will be held on the following Tuesday.

- Members are expected to attend all scheduled practices, however it is understood that from time to time, personal circumstances arise which may require the member to miss. In these cases, it is appreciated if the member informs either the Chief or the Training Officer.

- In addition to regular practices, it is expected that new members will take advantage of formalized Fire Fighting training that is provided either locally or at the Alberta Fire Training School at Vermilion. It is also recognized that this requires an extra commitment that is not always possible, given an individual's personal situation ( ie: work, family, etc.).

- Members are expected to maintain themselves in reasonable physical condition in order to respond to emergencies. This includes avoiding excessive facial hair which would prevent proper donning of SCBA.

- New members are encouraged to spend time at the Firehall, getting to know the equipment, where it is kept, its purpose and how it is operated. Members are welcome to use tools and the washbay, but must leave the area clean. All equipment must be replaced properly after being used or checked, and any problems reported.

- New members will not drive Department vehicles until checked out by the appropriate officer. Vehicles shall be driven in a safe manner at all times, respecting all traffic laws and regulations. This includes responding to the Firehall in private vehicles.

- The access code for the entry door is kept private.....

**Any Questions, Please Ask.**

R. Lyster, District Chief

Signed: \_\_\_\_\_ Member                      \_\_\_\_\_ Officer                      \_\_\_\_\_ Date

