



## BIGHORN EMERGENCY SERVICES EMPLOYMENT APPLICATION FORMS AND INFORMATION

Like many Emergency Services providers in Canada, the MD of Bighorn Emergency Services relies on its paid on-call volunteer fire fighters to complete the response teams required to provide community level services and emergency response capabilities throughout the municipality.

We are committed to protecting the people and properties within our municipality. Our department members form a dedicated and highly- trained team that places a high value on the services provided to our residents, friends and neighbours.

Bighorn Emergency Services maintains 3 on-call fire stations in Exshaw, Ghost River and Jamieson Road areas. We also work with Mutual Aid partners within the Bow Corridor.

The candidates for on-call firefighting must either work and/or reside within the response area of the respective firehall.

Previous fire training is not required to join the fire department- all training is provided at no cost and you are compensated for training time.

Accredited fire training is provided through the fire departments training program. Members complete their fundamental training which gives them the skills and knowledge to begin responding to emergency calls to obtain on-the-job experience.

#### Requirements to join Bighorn Emergency Services:

- ❖ Minimum 18 years of age
- ❖ Must be Physical fit
- ❖ Clean Criminal Record
- ❖ Completed Driver's Abstract
- ❖ Current & Valid Alberta Vehicle Operators License (Class 5 or equivalent)
- ❖ Resident and/or Employment within the area(s)
- ❖ If applicable- Letter from Employer agreeing to allow the employee to attend emergency responses during working hours

If you have the requirements and want to make a difference in the community submit your application to Bighorn Emergency Services



# 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)

## Application for Employment with Bighorn Emergency Services

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_ (required for Paging App)

Email: \_\_\_\_\_

Date of Birth: (M/D/Y) \_\_\_\_\_

Current Copy of your Drivers Abstract    **Yes**                    **No**  
(As a minimum a VALID class 5 driver's license is required)

Driver's license class: \_\_\_\_\_ Endorsements \_\_\_\_\_

Criminal record background check:    **Yes**                    **No**  
(Researched and signed by the RCMP)

Are you Bondable:    **Yes**    **No**

Medical Clearance Letter: **Yes**                    **No**

Do you have any physical or health limitations that could interfere with your performance    **Yes**    **No**  
If yes, Please Explain:

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

### **Education and Training**

High School: \_\_\_\_\_ Did you Graduate    **Yes**                    **No**

College/Trade School: \_\_\_\_\_ Subject: \_\_\_\_\_

Degree/Diploma/Certificate/License (Please specify): \_\_\_\_\_

Completed: **Yes**                    **No**                    Year: \_\_\_\_\_

List and describe any other courses, training, apprenticeships, or education you may have:

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

Have you ever been a member of a Fire Department, Rescue Squad or similar organization? **Yes** **No**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please list all related training you completed:  
(IE: First Aid, CPR, Fire Fighting Training)

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

**Employment History**

\*\*Attach Resume if Necessary\*\*

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

References- Please list three references that are not related to you:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

May the Fire Department contact your present employer, listed references, or previously mentioned organizations which you have listed to ask questions in regard to your character or abilities? **Yes** **No**

**Verification**

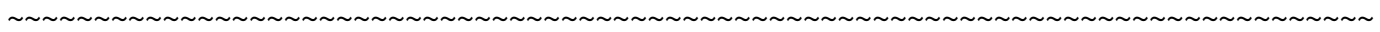
I, the applicant, understand that a *job-related* medical examination may be required after an offer of employment has been made and further, that the offer of employment may be contingent upon a satisfactory job-related medical examination and a physical agility test. I, the applicant, understand that I will be required to provide my Social Insurance Number (SIN) and Alberta Health Care Number to the MD, if my application is successful.

I, the applicant, authorize investigation of all statements in the application. I understand that misrepresentation or omissions of facts called for, is cause for rejection. Further, I, the applicant, understand and agree that if my application is accepted and I become a member of Bighorn Emergency Services my employment is for no definite period and may be terminated at any time without previous notice.

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant



**Office Use Only**

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

Date of Interview: \_\_\_\_\_

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

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

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

RCMP Security Clearance Form		Doctor's Medical Opinion Clearance	
Alberta Driver's License Abstract		Photocopy of AB Driver's License	
Revenue Canada Income Tax Form		Life Insurance Beneficiary Form	
Fire Department Orientation		Benevolent Association Form	
Direct Deposit Authorization		Photo for Emergency Pass	



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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.

In your professional opinion does \_\_\_\_\_ have any medical conditions we should be aware of which would restrict his/her undertaking of these activities?

Thank you  
MD of Bighorn

Physician's Comments:

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Medical Opinion Given this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

Clinic Name: \_\_\_\_\_

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



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Local R.C.M.P. Detachment,

\_\_\_\_\_ 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 can 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 a photograph.

Thank you

MD of Bighorn Fire Chief

# BIGHORN EMERGENCY SERVICES

## New Member Information

- ❖ New members are given a pager or radio. Members are expected to carry their pagers/radios 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.
- ❖ 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 addition to regular practices, it is expected that new members will take advantage of formalized Fire Fighting training that is provided either locally or regionally.
- ❖ 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.
- ❖ In addition to WCB coverage, the MD of Bighorn also provides life and dismemberment insurance.
- ❖ 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. 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.
- ❖ As per the MD of Bighorns Policy H-14 Alcohol and Drug Abuse Policy; members ‘under the influence’ of drugs or alcohol shall not operate Department vehicles. Members are suggested to ‘Call-in’ rather than to respond under such circumstances.
- ❖ The access code for the entry door is kept private.

R. Lyster, MD Fire Chief

**Member Signature:** \_\_\_\_\_

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

**Officer Signature:** \_\_\_\_\_

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





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## **Benevolent Association Contribution Authorization Form**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## 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 there under 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.