



COUNTY OF NEWELL



County of Newell Fire Services Application Form

Name: _____

Mailing Address: _____

Phone Numbers: _____ (Home) _____ (Cell)

iOS or Android: _____ E-mail Address: _____

Birthday: _____ (must be at least 18 years of age)

Emergency Contact (Name/Phone Number): _____

Social Insurance Number: _____ Alberta Health Number: _____

Must provide to receive yearly honorarium

Do you have any medical conditions that would prevent you from firefighting duties? _____

Alberta Operator's License Class & Endorsements: _____

A clear colour photocopy of the driver's license {front & back} must be submitted with this application.

Place of current employment: _____

How long have you been employed at your current job? _____

Do you object to us contacting your employer for references? Yes No

Do you object to a doctor's examination for physical fitness? Yes No

Have you had any previous Fire Fighting experience? If so, where? _____

Why do you wish to join the Fire Department? _____

% of time you are in town and available for calls? Day _____ % Night _____ %

Are you a Canadian Citizen? _____ Landed Immigrant? _____

Have a Work Visa with at least a two (2) years' work period remaining? _____



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References (at least three (3), include names + telephone numbers) (preferably work related):

I do hereby declare that should I be successful in my application for membership as a volunteer member of the Fire Department, I will obey and abide by the rules and regulations, standing orders, job duties, etc. of the Fire Department and if I fail to comply with these rules, I understand that I will be subject to disciplinary action. I understand that if accepted that I will be on six months' probation and that at any time during this probationary period, I may be asked to leave the Department for conduct unacceptable by the Fire Chief. I certify that all statements in this application are true. I agree and understand any misstatement of material facts in this application will cause loss of all right to volunteer with any County of Newell Fire Department.

{All pending applications will remain on file for a period of six (6) months. After that time applications and supporting documents will be destroyed and applicants are invited to apply again.}

Date: _____

Signature of Applicant: _____

***Please provide a criminal record check/vulnerable sector check with the application form.**

See letter attached. This letter must be taken to the RCMP Station to have the check completed. Once you have received your criminal record check/vulnerable sector check back, please provide the original to your Fire Chief.

Fire Chief or Deputy Chief Use Only (please fill this out)

Received by: _____
(Print name and sign)

Approved by: _____
(Print name and sign)

Date of approval: _____



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PHYSICAL, MENTAL AND EDUCATIONAL REQUIREMENTS

This page must accompany the application form

Firefighting can be physically and mentally demanding. The work environment requires the ability to react quickly and remain calm under stressful situations. Applicants must possess agility and stamina to perform all functions of this position under adverse conditions.

Therefore, all applicants shall be aware, that if the application is accepted by the Fire Department, that the following (and/or other) job requirements may present themselves and that the applicant can be expected to perform these or similar duties.

- 1) Wear Turnout Gear including Self Contained Breathing Apparatus (SCBA) weighing around 23 kg while performing firefighting and rescue duties.
- 2) Climb stairs in full turnout gear and SCBA while carrying additional weight of around 12 kg.
- 3) Drag 60m of 65mm fire hose and nozzle a distance of 60m.
- 4) Carry tools and equipment over uneven ground safely.
- 5) Work on ladders at heights in excess of 20m.
- 6) Crawl distances of around 15 m.
- 7) Work on roofs at various heights.
- 8) Drag weights around 70 kg for distances of around 8m.
- 9) Work in enclosed spaces.
- 10) Perform duties indoors and outdoors in all types of weather, day or night.
- 11) Complete the NFPA 1001 Level 1 and Level 2, and NFPA 472 within the first three (3) years on the department. These courses are provided by the County of Newell (free of charge) but require a time commitment of 3-5 weekends/year and an exam.
- 12) Attend bi-weekly practices approximately two (2) hours in length.

The applicant acknowledges the above (and/or other) job related skills that he/she may be asked to perform while on the job, in a classroom and/or in practice sessions.

By signing below the undersigned acknowledges that to the best of his/her knowledge he\she can perform these duties/tasks safely without hurting themselves, co-workers or the general public.

Date: _____

Name of Applicant: _____
please print clearly

Signature of Applicant: _____



COUNTY OF NEWELL



COUNTY OF NEWELL FIRE SERVICES

This page must accompany the application form

To: All County of Newell Fire Fighting Members

Re: ***Failing to Drive in a Responsible Manner***

Referenced Documents: Alberta Traffic Safety Act and Regulations
SOG #005 - Responding in Non-Emergency Vehicles

Important Context: All members shall obey all the rules of the road when responding to the Fire Hall or Incident Scene using Non-Emergency Vehicles. For the Departments using Green Flashing Lights, these lights do not give any member permission to contravene the Traffic Safety Act.

If a substantiated offence occurs the Department will enforce the following:

First Offence

A “**Verbal Warning**” will be issued to the member by the Fire Chief or his/her designate. A note of the verbal warning will be put in the Drivers File for that member.

Second Offence

A “**Written Warning**” will be issued to the member by the Fire Chief or his/her designate and the documentation will be put in the Drivers File for that member as a matter of record.

Third Offence

A “**Written Warning**” and a “**One Month Suspension**” from the Department will be issued to the member by the Fire Chief or his/her designate and the documentation will be put in the Drivers File for that member as a matter of record.

Fourth Offence

The member “**Will be Removed from the Department**” on a permanent basis.

First offence Verbal Warning note and Second and Third offence Written Warnings will be removed from the Drivers File after a period of two (2) years from the date of the written warning providing no other problems have arisen.

I have read and understand the above Internal Policy and agree to abide by it:

Dated at _____ Alberta the _____ Day of _____, 20____

Members Name: _____

Members Signature: _____

This document shall be kept in the members Drivers File at the County of Newell.



COUNTY OF NEWELL



To Whom it May Concern,

The County of Newell, Fire & Emergency Services requests the following volunteer fire applicant to complete a Criminal Record/Vulnerable Sector search.

I _____, have applied to become a volunteer firefighter with the County of Newell.

Fire Department: _____

Driver's License #: _____
(2 pieces of ID are required in person at the Police Station, with this letter)

Signature: _____

Date: _____

Thank you,

A handwritten signature in black ink, appearing to read 'Stewart Luchies'.

Stewart Luchies
Newell Regional Fire Chief



COUNTY OF NEWELL

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I (_____) hereby authorize the County of Newell to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the County of Newell receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Address: _____

Institution #: _____

Branch: _____

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

PLEASE ATTACH A VOIDED CHEQUE OR DEPOSIT SLIP AND RETURN THIS FORM TO PAYROLL.



Driver Abstract Release Consent

The County of Newell employees that are required to operate a motor vehicle as part of their regular job duties will be required to provide consent for the employer to obtain a copy of their driver abstract. This measure has been adopted to ensure the health and safety of our employees and the public and protect the organization's property and best interests.

Please be advised that a Driver Abstract (SDA) contains specific information from a person's driving record, including Name, Address, Date of Birth, Height, Weight, Sex, Class, Issue Date, MVID Number, License Number, Current Demerit Points, Suspended Status, Expiration Date, Reinstatement Conditions (if any), and a List of Violations (Descriptions, Demerit / Merit Points, and Suspension Term). A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex.

I, _____, of _____,
(Employee Name) (Address)

declare that my Driver's License Number is: _____,

my Date of Birth is: _____,
YYYY-MM-DD

give consent for the County of Newell of PO Box 130, Brooks, AB T1R 1B2, to obtain a copy of my:

3 Year - Driver Abstract (SDA),
3 Year - Commercial Driver Abstract (CDA),

to be released annually or as required for the duration of my employment with the County of Newell, in accordance with the Alberta Motor Vehicle Information Regulation (AMVIR).

Additionally, I agree to notify the County of Newell immediately of any changes in class, conditions, or validity of my driver's license.

Employee Signature: _____

Date: _____
YYYY-MM-DD