



**KANANASKIS
IMPROVEMENT
DISTRICT**

EMERGENCY SERVICES

EMERGENCY 911

BOX 70 KANANASKIS VILLAGE, ALBERTA TOL 2HO PH.(403)591-7755 FAX.(403)591-7123

Call-Out Firefighter Application

Prerequisites for Firefighter:

Do you have a vehicle that runs? Yes _____ No _____

Vehicle: Make _____ Year _____ Licence Plate _____

Drivers Licence number _____ Class _____

How long have you lived in the Kananaskis Valley _____

Name: _____

Address: _____ (Residence)

Phone: Home: _____ Work: _____

Date of Birth: _____

Place of Employment: _____ How Long: _____

Supervisor Signature and Title _____

Supervisor please call Kananaskis Emergency Services if you have any questions related to your employee joining the department at 591 -7755.

Have you been a Firefighter before? Yes _____ No _____

If yes please list where and how long: _____

Please list any related course. (First Aid, CPR, Portable Pumps, Driver Training)

Employment References:

1. Name: _____ Title: _____ Phone: _____

Emergency Contact Information:

Next of Kin: _____ Relationship _____

Address: _____

Telephone: Home () _____ Work () _____

I declare that all of the statements made on this application are true and any falsifications will result in the disqualifications of my application.

Signature: _____ Date: _____