



Clearwater Regional Fire Rescue Services Application Form

4504 - 42nd Street, P.O. Box 550 , Rocky Mountain House, AB T4T 1A4
 Phone: 403-845-4444 | Fax: 403-845-7727 E-mail idijkstra@clearwatercounty.ca

Station Applying to: (Check one)	Condor <input type="checkbox"/>	Caroline <input type="checkbox"/>	Rocky Mountain House <input type="checkbox"/>
	Leslieville <input type="checkbox"/>	Nordegg <input type="checkbox"/>	

Name (First, Middle, Last):

Address:

Town/City:	Province:	Postal Code:
Home Phone:	Cell Phone:	

E-mail Address:

Why you would like to be a member of CRFRS:

List Previous Training and Experience: e.g. first aid, fire courses, H2S, etc.....
 (attach resume and certificates if available)

Are 18 years or older: Yes /No Have a valid driver's license: Yes /No

I agree to return all fire rescue services equipment and remove all fire rescue insignia from my uniform upon leaving the department.

Name: _____ Signature: _____ Date: _____

****Please return completed application form to CRFRS at 4504 42 Street, Rocky Mountain House****

FOR OFFICE USE ONLY: Checklist of items required

	Date		Date
Interview Acceptance		Direct Deposit Form	
Medical Form		VFIS Beneficiary Form	
Drivers Abstract		Ins Co. Notified Date:	
Criminal Records Check		TD-1 (Tax Forms)	
Employment Letter		Social Fund Deduction	
Bootcamp Complete		Code of Ethics	
Station Checklist Complete			
Probation Start Date			