



ESA Professional Fire Fighter Program Applications

Application to the Professional Fire Fighter Program at ESA

The application package for the Professional Fire Fighter Program at ESA consists of the following:

- Application Checklist
- Application Form
- Prerequisites
- Application fee (non-refundable) of \$100.00

The application package for the Professional Fire Fighter Program is included in this booklet on the following pages or may be downloaded and printed from www.esacanada.com.

Application Recommendations

Your Application

- Time sensitive documents must meet the time requirements listed. For example, the medical report has to be completed within the past six months. If you are applying in advance of six months, please have your medical report updated by your doctor and submit the signed update.
- Documents which require a signature must be signed.
- Review your application checklist to ensure that you are submitting all required documents. If anything is missing, provide an explanation as to why it is missing and when it will be submitted. An incomplete application will not be completely processed. An interview will not be scheduled until a complete application is received by ESA.

Competition

ESA accepts a maximum of 30 students for each Professional Fire Fighter Program, based on the results of a competition consisting of an interview and an aptitude exam.

Prepare yourself for a **job interview**. You will be asked such questions as:

- What are your strong points? What are your weak points?
- What makes you feel that you would be a suitable candidate for the training?
- Why are you interested in fire fighting?
- How do you deal with stress?

Study for the **fire aptitude test**.

- Barron's Fire Fighter Exams and Norman Hall's Firefighter Exam Preparations are books available at retail book stores such as Chapters.
- Exam material is also online. Visit www.internetexam.com.

Dress for the interview. Be clean, tidy and well groomed. A first impression does make a lasting impression

Go to a local fire department. Ask questions. Ask for suggestions to assist you in the competition.



Professional Fire Fighter Program Application

Application Checklist

Applicant _____

Surname

First Name

Middle Name

- Application form
 - Include non-refundable application fee of \$100.00.
 - Include an email address. Free email is available from Google (gmail) or Hotmail.
- Proof of age (minimum 18 years). A driver's license is acceptable.
- Driver's License (minimum Class 5)*
- Transcripts of Grade 12 High School Diploma, GED/equivalent or post secondary education*
- Medical Exam Form signed by physician (Original)
 - Dated within 6 months of program commencement
 - If an application is submitted before the 6 month window, a note from your physician stating no change to the original medical will be required.
- Standard First Aid (Current within three years)*
- Heart & Stroke Health Care Provider Level C (Current within one year)* or equivalent
- Resume
- Two letters of character reference

**** Please include photocopies as part of application***

All documents submitted become the property of ESA and will not be returned to the applicant.

Applicants with a diagnosed learning disability must provide appropriate documentation as part of their application.

Please forward your completed Application for Admission, \$100.00 application fee,
this checklist page and supporting documents to:

**Emergency Services Academy Ltd.
2nd Floor, 161 Broadway Boulevard
Sherwood Park AB T8H 2A8**



**Professional Fire Fighter Program
Application**

Medical Examination Form

Name: _____ Date of Birth: _____

Address: _____

A. Medical History

Medical Condition (1 = Never / 2 = Past / 3 = Current)	1	2	3
Psychiatric / Mental Disorders			
Alcohol / Drug Addiction			
Neurological Diseases			
Diseases of the Senses			
Chronic Respiratory Diseases			
Diabetes Melitus			
Permanent Clinical Impairment			
Other Significant Illness			

To your knowledge, is this patient taking any drugs that will cause impairment? Yes No

What is this patient's fitness level? High Medium Low

B. Physical Examination (Y = Yes / N = No)

Is there any abnormality of:

Hearing (Conversation)		
Central Nervous System		
Coordination / Muscle Control		
Spine		
Neck and Extremities		
Heart		
Vascular System		
Respiratory System		
Abdomen		
Hematopoietic System		
Urine		
Blood Pressure		
Other Significant Illnesses		



C. Physician's Statement

To the best of my knowledge, this applicant can perform the duties of a Fire Fighter. There are no medical or physical conditions that will inhibit this Fire Fighter Applicant from:

- Lifting and carrying heavy equipment
- Maneuvering in a confined space
- Operating an emergency vehicle
- Managing stressful and traumatic situations

Date of Medical Examination (MM/DD/YY):
Physician's Name:
Physician's Address:
Physician's Signature:

D. Fire Fighter Applicant's Statement

I certify that the information reflected in this report is correct to the best of my knowledge. I authorize the release of this information and any further medical data not stated hereon that an examining physician may wish to submit for the confidential use by the Program Medical Director and / or the Registrar of Emergency Services Academy Ltd.

Fire Fighter Applicant's Signature

Date