



ESA/Lakeland Professional Fire Fighter Program Applications

Application to the ESA/Lakeland Professional Fire Fighter Program at ESA

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

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

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.
- Documents which require a signature must be signed.
- Review your application checklist to ensure that you are submitting all required documents.
- 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.



ESA/Lakeland 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
- 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**



Emergency Services Academy Ltd. Application for Admission

Personal Information			
Surname		Legal First Name	Middle Name
Birth Date (mm/dd/yyyy)	Social Insurance Number	Gender	How did you learn about ESA?
Permanent Address (Street/Avenue/Box Number)			
City		Province	Postal Code
Home Telephone		Alternate Telephone	E-mail Address - Mandatory
Emergency Contact Person		Relationship	Telephone

Registration Information	
Program: _____	Start Date: _____

Payment	
Application and tuition fees are payable to Emergency Services Academy Ltd., and are subject to change. To confirm current fees, please check our website www.esacanada.com or call (780) 416-8822.	
Include Application Fee (non-refundable \$100.00) for the EMT/PCP and Professional Fire Fighter Programs. Include payment for total course fees for the EMR Program and any Accessory Courses (e.g. Ice Rescue, EMR Refresher).	
Payment Amount \$ _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Money Order <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card Use:	_____
Card Number (will not be kept on file by ESA)	Expiry Date
Name of Cardholder: _____	Cardholder's Signature: _____

Declaration	
I hereby certify that all statements on this application are true and complete in all respects and no relevant information has been withheld. If accepted for the above course, I agree to comply with all rules and regulations of Emergency Services Academy Ltd.	
_____	_____
Applicant's Signature	Date
<i>The collection of this personal information is necessary for operating and administering the services of the ESA Registry. All personal information will be protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act.</i>	



**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