



ESA • FIRE

Application Package – Submit to:

Emergency Services Academy Ltd.

2nd Floor, 161 Broadway Boulevard, Sherwood Park AB T8H 2A8

Questions? Call 780-416-8822 or e-mail info@ESAcanda.com

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ESA Professional Fire Fighter Program Application Package

This application package is to be used for both of ESA's Professional Fire Fighter Programs - Flex and Enhanced.

Please ensure you read all of the instructions carefully before submitting your application for one of the Professional Fire Fighter Programs. All sections of the application must be completed.

If you are applying as a **mature student**, please submit an advance inquiry to ESA before submitting a complete application. Details are included in this package.

Acceptance into a Fire Program

ESA requires a minimum of 12 students to offer a Fire Program. ESA accepts a maximum of 36 students for each Professional Fire Fighter Program.

Rope Rescue Courses

ESA accepts a maximum of 14 students for NFPA 1006: Rope Rescue 1 which is offered after each Fire program.

Application fees for Rope Rescue (\$125.00) are waived when a Rope application accompanies a Fire application.

NFPA 1006: Rope Rescue 1 - IFSAC / ProBoard Certificates: Total fees \$1,765.00 less \$125.00 = \$1,640.00.

NFPA 1006: Rope Rescue 1 - ESA Certificate: Total fees \$1,465.00 less \$125.00 = \$1,340.00.

Apply early!

Applications will be closed when the maximum number of students have been accepted into a class.

Questions? Call 780-416-8822 or e-mail info@ESAcanda.com

Submit your complete application by:

E-mail to info@ESAcanda.com

Fax to 780-449-4787, or

Mail, courier or deliver it in person to:

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



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ESA Professional Fire Fighter Program Application Checklist

Applicant _____

Surname

First Name

Middle Name

Application for the Professional Fire Fighter Program. ☐ Flex ☐ Enhanced Course Code: _____

ESA Student Checklist Use

<input type="checkbox"/>	Include your email address. Free email is available from Google (gmail) or Hotmail. Correspondence between ESA and students and concerning your course(s) at ESA is sent by email.
<input type="checkbox"/>	Application - Payment area - have you completed and signed (if necessary) the payment area? Have you included a payment of \$625.00 (Administration and Registration)?
<input type="checkbox"/>	Have you read, signed and dated the Waiver/Consent form?
<input type="checkbox"/>	Have you signed and dated the Declaration at the bottom of the Application Form?
	Have you included the prerequisites with your application?
<input type="checkbox"/>	A. Proof of age (minimum 18 years).
<input type="checkbox"/>	B. Valid Driver's License (minimum Class 5).
<input type="checkbox"/>	C. Driver's Abstract
<input type="checkbox"/>	D. High school diploma verified by transcripts, GED or post-secondary education which is equivalent to or above a Grade 12 level <input type="checkbox"/> or pre-approval from ESA for application as a mature student.
<input type="checkbox"/>	E. Medical Form
<input type="checkbox"/>	F. Standard First Aid
<input type="checkbox"/>	G. Basic Rescuer - CPR Level C or Health Care Provider (Heart & Stroke Foundation, St. John's Ambulance or Red Cross) OR EMR, EMT/PCP or Paramedic certification
<input type="checkbox"/>	H. Resume
<input type="checkbox"/>	I. Two letters of character reference
<input type="checkbox"/>	J. Alberta Student Number
<input type="checkbox"/>	K. Fire Program Graduate Report
	Successful interview with ESA. Interview date and time will be scheduled by ESA.
	Are you also applying for the NFPA 1006 - Rope Rescue 1 Course which follows the Fire program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the Rope Application Form and include payment for fees with your application.

Do you require **Academic Accommodation** for this program? ☐ Yes ☐ No



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Mature Student

Mature Students may be accepted into a Professional Fire Fighter Program at ESA.

If you do not meet the requirement for existing education (a High School Diploma verified by transcripts, GED or post-secondary education which is equivalent to or above a grade 12 level), forward an advance inquiry to ESA summarizing your education and work experience before submitting a complete application package. Include the following details in your inquiry:

- ☐ Formal education completed
- ☐ Degrees, diplomas, certifications, courses or other relevant training
- ☐ Work experience
- ☐ Current occupation

Your inquiry will be reviewed by the Registrar of ESA. You will be advised if you can proceed with an application to a Professional Fire Fighter Program at ESA as a mature student.

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

ESA Use Only

Date application received: _____ Date application processed, fee paid: _____

Date email sent to applicant: _____ Processed by: _____ App 1706 V32.1

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Professional Fire Fighter Program Instructions and Details for Completing the FIRE Prerequisites

- A. Proof of age** (minimum 18 years). A Driver's License is acceptable.
- B. Valid Driver's License** - minimum Class 5 (include photocopy)
- C. Current Driver's Abstract** - dated within 6 months of program commencement; maximum 6 demerits
- D. High School Diploma** verified by transcripts, GED or post-secondary education which is equivalent to or above a grade 12 level (include photocopies), or prior approval from ESA to apply as a mature student.
- E. Medical Form** completed and signed - dated within 3 months of first day of classes
- F. Standard First Aid**
- G. Basic Rescuer - CPR Level C or Health Care Provider** (Heart & Stroke Foundation, St. John's Ambulance or Red Cross) OR EMR, EMT/PCP or Paramedic certification. Dated within one year of first day of classes.

If Basic Rescuer, your application can include proof of registration that you are taking and completing this course in advance of the first day of Fire classes.

H. Resume

- I. Two letters of character reference** using the ESA form which is part of this package

- J. Alberta Student Number** - to be entered in the Personal Information section of the application form

The Alberta Student Number (ASN) is the single unique identifier for all Alberta learners.

For assistance with an Alberta Student Number, go online to the Alberta Education **Learner Registry**:

<https://extranetapp.learning.gov.ab.ca/LearnerRegistry/forms/>

If you have an Alberta Student Number:

- If you have attended a school or public Post-Secondary institution in Alberta and wish to know your Alberta Student Number (ASN), you can use the **Lookup ASN** on the website listed above.
- If you have registered with an Alberta Kindergarten to Grade 12 school prior to 1972 or you have registered with a public Alberta Post-Secondary Institution prior to 2000 (university, college, technical institute) contact the Help Desk at 780-427-5318 cshelpdesk@gov.ab.ca.

If you do not have an Alberta Student Number:

- If you have recently moved to Alberta or have never registered with a school or Post-Secondary institution in Alberta, and need to have an ASN you can request an ASN by using the **Request ASN Online**. You can also **Print a Copy** of the ASN Request Form and mail or fax it to Alberta Education according to the information found on the bottom of the form. These forms are on the website listed above.

- K. Fire Program Graduate Report** - applicant's signature indicating information was received.

Special Academic Accommodation - ESA provides Special Academic Accommodation to students, where appropriate. A request for same must be submitted as part of an application process to ESA. Refer to our website www.esacanada.com/Coming to ESA/Student Services/Academic Accommodation for more information.



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Professional Fire Fighter Program Waiver/Consent Forms

I, _____, understand that there is equipment required beyond that supplied by ESA, and additional expenses and fees beyond the fees paid to ESA for the Professional Fire Fighter Program, as follows:

Fire Equipment Required

Students are required to have the following equipment and supplies for the Professional Fire Fighter Programs at ESA:

- ☐ A computer, tablet (preferably iPad) or a laptop, as the entire Fire program curriculum is delivered electronically.
- ☐ CSA approved, black leather, 8" steel toed work boots
- ☐ Flex Program - blue duty pants purchased from Mark's Work Wearhouse

Additional Expenses

The following expenses must be covered by the student. Costs are variable for each student. A worksheet is available from ESA to determine costs, or on www.ESAcanda.com - Professional Fire Fighter Program/ Further Expenses.

- ☐ Transportation to practical training sites, including travel to Edmonton and within Strathcona County and trips to the Emergency Training Centre, Lakeland College in Vermilion AB.
- ☐ Accommodation in Vermilion AB. ESA will reserve a block of rooms at a local motel or the Lakeland College Residences in Vermilion for students requiring accommodation. Students can also arrange alternate accommodation such as at the Vermilion provincial campground.
- ☐ Meals during practical training days in Vermilion.
- ☐ A Recognition Ceremony is held at the end of the Professional Fire Fighter Program - Enhanced. Students are responsible for the cost of tickets for themselves and their guests.
- ☐ There is an additional fee for any exam rewrite.

I, _____, understand that in order to work as a Fire Fighter, I may need to:

- ☐ provide a copy of a Grade 12 High School Diploma or GED to an employer;

Please initial each of the above boxes to show that you understand and agree to the additional equipment requirements and expenses, and possible work requirements.

Applicant's signature: _____ **Date:** _____



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Professional Fire Fighter

Graduate Report

Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education

Graduate Report

Reporting Period: April 1, 2016 - March 31, 2017

Date Prepared: Jun 22, 2017

Institution: Emergency Services Academy Ltd.
Licensed Program: Professional Fire Fighter - Enhanced

1. Graduation Rate: 90% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	7
- part time training related employment	13
- not training related employment	16
- unemployed	0
- pursued higher education	5
- special circumstances	
- unable to locate student	5

TOTAL Graduates 46

3. Job Placement Rate: 56%

This report covers two classes and a short period to find employment (90 days for the first class and 7 weeks for the second class - from the end of the program to the close of the reporting period).

This graduate report was made available to me prior to enrollment.

Applicant's Name (please print)

Signature

Date

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**Professional Fire Fighter
Application Form - Page One****Personal Information**

Last Name First Name (Legal) Middle Name

Former Surname Also Known As Date of Birth (YYYYMMDD)

Gender ☐ Male ☐ FemaleTshirt Size ☐ XS ☐ S ☐ M ☐ L ☐ XL

Alberta Student Number

Phone Number (Home) Phone Number (Cell) Email Address - Mandatory

Mailing Address (Street/Avenue/Box Number)

City Province Postal Code

Emergency Contact Person Relationship Telephone

How did you learn about ESA? ☐ Internet search ☐ Social Media ☐ Knew ESA website ☐ ESA Information Session☐ Referral from a friend/neighbor/someone working in emergency response ☐ Referral from a former or current ESA student☐ Radio ☐ Printed advertisement ☐ Large outdoor sign ☐ Other

Please provide details of how you learned about ESA. If a referral from a former or current ESA student, please provide their full name so we can follow up with a thank you:

Registration InformationProgram: **Professional Fire Fighter**☐ **Enhanced Program - Fire 1803E+ - starts March 12, 2018**☐ **Flex Program - Fire 1803Flex - starts March 5, 2018**The minimum number of students required to run a Fire Program at ESA is 12. If we are unable to offer the program you request, would you consider taking a different session? ☐ Yes - which one _____ ☐ No

Any comments regarding this section? _____



Professional Fire Fighter Application Form - Page Two

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**Emergency Services Academy Ltd.
Application Form for NFPA 1006: Rope Rescue 1
Linked to the Professional Fire Fighter Program**

Personal Information

Last Name

Legal First Name

Middle Name

Registration Information

Fire Program Course Code: _____ Start Date: _____ ☐ Flex ☐ Enhanced

NFPA 1006: Rope Rescue Course Code: _____ Start Date: _____

Payment

All course fees are payable to Emergency Services Academy Ltd..

☐ To add the NFPA 1006: Rope Rescue - IFSAC/ProBoard certificates to your Fire application, add \$1,640.00.

TOTAL PAYMENT for FIRE (\$625.00) + Rope - IFSAC/ProBoard (\$1,765.00 - \$125.00) = \$2,265.00.

☐ To add the NFPA 1006: Rope Rescue - ESA certificate to your Fire application, add \$1,340.00.

TOTAL PAYMENT for FIRE (\$625.00) + Rope - ESA (\$14.65 - \$125.00) = \$1,965.00.

Method of payment:

☐ Cash (exact amount) ☐ Cheque/Money Order ☐ Debit ☐ Interac e-Transfer

☐ VISA ☐ MasterCard ☐ 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

*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.*

**ESA•FIRE****ESA Professional Fire Fighter Program
Medical Form**

Name _____

MEDICAL QUESTIONNAIRE

Please answer “yes” or “no” to the following questions.

Within the past five years have you been diagnosed with or had any known indication of, or taken medication, or had an abnormal test result, received treatment, counseling, required follow-up or seen a physician or other health care professional for:

A Medical Problem with your Heart	No <input type="checkbox"/> Yes <input type="checkbox"/>
Circulatory System	No <input type="checkbox"/> Yes <input type="checkbox"/>
Stroke	No <input type="checkbox"/> Yes <input type="checkbox"/>
High Blood Pressure	No <input type="checkbox"/> Yes <input type="checkbox"/>
High Cholesterol	No <input type="checkbox"/> Yes <input type="checkbox"/>
Diabetes	No <input type="checkbox"/> Yes <input type="checkbox"/>
Rheumatoid Arthritis	No <input type="checkbox"/> Yes <input type="checkbox"/>
Liver	No <input type="checkbox"/> Yes <input type="checkbox"/>
Stomach	No <input type="checkbox"/> Yes <input type="checkbox"/>
Bowel	No <input type="checkbox"/> Yes <input type="checkbox"/>
Rectum	No <input type="checkbox"/> Yes <input type="checkbox"/>
Bladder	No <input type="checkbox"/> Yes <input type="checkbox"/>
Prostate	N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Disorder of the Uterus or Ovaries	N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>
Cancer	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tumour	No <input type="checkbox"/> Yes <input type="checkbox"/>
Leukemia	No <input type="checkbox"/> Yes <input type="checkbox"/>
Asthma	No <input type="checkbox"/> Yes <input type="checkbox"/>
Respiratory disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
Lungs	No <input type="checkbox"/> Yes <input type="checkbox"/>
Systemic Lupus Erythematosus (SLE)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Paralysis	No <input type="checkbox"/> Yes <input type="checkbox"/>
Multiple Sclerosis	No <input type="checkbox"/> Yes <input type="checkbox"/>
Epilepsy	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any Disorder of the Nervous System	No <input type="checkbox"/> Yes <input type="checkbox"/>
Anxiety	No <input type="checkbox"/> Yes <input type="checkbox"/>



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Medical Form - Page 2 of 3

Name: _____

Depression	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any other Mental, Nervous or Psychiatric Disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-related Complex) or HIV (Human Immunodeficiency Virus)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any other Immunological Disease or Disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
Alcohol or Substance Abuse	No <input type="checkbox"/> Yes <input type="checkbox"/>

2. Have you consulted a physician for any condition for which any ongoing testing, follow up or treatment has been required within the past 6 months? No ☐ Yes ☐

3. Have you been hospitalized or is hospitalization being contemplated (excluding routine pregnancy)? No ☐ Yes ☐

4. Have you ever been declined for life insurance or disability coverage, or been offered coverage only at higher than standard rates? No ☐ Yes ☐

If "yes", please provide date, name of insurance company, and reason:

5. Any other disease, disorder or health condition not already stated? No ☐ Yes ☐

6. Disorders, arthritis, chronic fatigue syndrome, fibromyalgia, sprains, strains or other problems or conditions of the:

neck or back	No <input type="checkbox"/> Yes <input type="checkbox"/>
shoulder	No <input type="checkbox"/> Yes <input type="checkbox"/>
elbow	No <input type="checkbox"/> Yes <input type="checkbox"/>
hip	No <input type="checkbox"/> Yes <input type="checkbox"/>
any other joints, muscles, ligaments or tendons	No <input type="checkbox"/> Yes <input type="checkbox"/>

7. Are you currently receiving, or have you ever received, disability or Workers' Compensation payments for a period longer than one month? No ☐ Yes ☐

8. Please provide height ___ ☐ cm ☐ ft/in and weight ___ ☐ kg ☐ lbs



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Medical Form - Page 3 of 3

Name: _____

9. Any additional information that may prevent you from duties connected with fire fighter training such as:

Lifting and carrying heavy equipment No ☐ Yes ☐

Maneuvering in a confined space No ☐ Yes ☐

Operating an emergency vehicle No ☐ Yes ☐

Managing stressful and traumatic situations No ☐ Yes ☐

If "yes", please provide details:

Family Physician Information:

Full Name _____

Mailing Address _____

Telephone and Fax Numbers _____

Fire Fighter Applicant's Statement

I certify that the information reflected in this report is correct to the best of my knowledge. I authorize ESA to contact my family physician or request a medical report (at my expense) if deemed necessary based on this information. This information is for the confidential use by the Program Medical Director, the Fire Coordinator and / or the Registrar of Emergency Services Academy Ltd.

Fire Fighter Applicant's Signature

Date



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**ESA Professional Fire Fighter Program
Application Package
Character Reference for an Applicant**

ESA requires applicants to provide two personal references that confirm they are of good character and reputation. Please complete the following information on behalf of the applicant.

Applicant's Name: _____

Your current status and relationship to the applicant. Please note that you cannot be a family member and provide a reference.

- ☐ The most recent employer or an instructor at a recently completed education program.
- ☐ A professional (e.g., health professional, lawyer or teacher) who has known the applicant for a minimum of two years.
- ☐ A member of the clergy who has known the applicant for a minimum of two years.
- ☐ A peace officer who has known the applicant for a minimum of two years.
- ☐ Any other person who has known the applicant for a minimum of five years. Only one reference can be from this category.

Information about the Person Providing the Reference

Name: _____

Address: _____

Telephone: _____ **Email:** _____

Relationship to applicant: _____

How long have you known the applicant? _____

Please provide your comments about the applicant's character and reputation and how you feel they would function in a career as a fire fighter. A separate sheet of paper may be attached.

Signature of person providing the reference: _____

Date: _____



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