



# KINGSTON DISTRICT FIRE DEPARTMENT

SERVING KINGSTON & SURROUNDING AREAS  
FOR OVER 75 YEARS

## *Kingston District Fire Department Application*

Dear Applicant,

Thank you in advance for your interest in becoming a member of the Kingston District Fire Department. The Kingston District Fire Department was formed in 1944 and since has grown to a full roster of 68 firefighters. The department serves the villages of Kingston and Greenwood and surrounding areas.

The department responds to approximately 200 calls a year. Upon acceptance into the department you will be under probation for a minimum of 6 months, this period can be extended to a maximum of 12 months. Applicant **must be at least 19 years of age at the time of application and meet requirements for position applied for** prior to acceptance into the Kingston District Fire Department. As a probationary member, you will be required to:

- a. Respond to a minimum 25% of all emergency calls
- b. Attend a minimum 30% of all regular scheduled training sessions
- c. Attend a minimum of 40% monthly meetings
- d. Work at department sponsored events and functions

Once all portions of this application are completed, return it to the station. A complete application includes all of the following:

- a. Signed cover letter indicating acknowledgement of minimum requirements.
- b. Completion of Personal Information form.
- c. Completion of Self Declaration Medical form.
- d. Completion of Membership Agreement/ Applicant Declaration Form
- e. Submission of Nova Scotia Drivers Abstract, from within past 6 months
- f. Submission of RCMP Criminal Records and Vulnerable Persons Check.
- g. If applicant was a member of another fire department within the past 3years, applicant is required to provide letter of reference from previous department representative, with contact information of department representative.
- h. Attendance at a maximum of 3 training sessions or duty weekends with attendance form signed by Senior Officer or designate.
- i. An interview with members of the Membership Committee.

All requirements for given position applied for must be completed in full before applicant can be assigned to department eligibility list. We take new members when open spots become available and you will be informed your position on the department eligibility list. We understand there are extenuating circumstances with this process, please do not hesitate to bring these forward.

The under signed, has read and understands the minimum requirements of the Kingston Fire Department and the required application process:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely

Chief

Kingston District Fire Department



# KINGSTON DISTRICT FIRE DEPARTMENT

SERVING KINGSTON & SURROUNDING AREAS

FOR OVER 60 YEARS

LAST NAME:		GIVEN NAMES:	
CIVIC ADDRESS:		EMAIL:	
MAILING ADDRESS		VILLAGE:	POSTAL CODE:
D.O.B:	HOME PHONE:	CELL PHONE:	
EMPLOYER:		OCCUPATION:	
WORK ADDRESS:			

PLEASE LIST BELOW ANY WORK RELATED OR PERSONALLY ATAINED SKILLS or EXPERIENCES THAT YOU FEEL WOULD BENEFIT THZE DEPARTMENT

You are applying to The Kingston District Fire Department. We ask that you choose a given position that you would like to fill within the Department. By chossing a position you will be required to meet applicable standards for these positions.

**Firefighter:** Includes but not limited to frontline firefighting operations, direct patient care, working in adverse environments for extended period of time while wearing self contained breathing apparatus.

Requirements:

- Completion of all portions of application
- NO medical conditions that would prevent you from participating firefighting operations safely.
- Be physically capable of maintain high levels of exertion for long periods of time during stressful and adverse environments.

**Driver/ Engineer:** Includes but not limited to safely driving apparatus, operating fire pumps, setting up safe traffic control procedures and professional radio traffic techniques.

Requirements:

- Completion of all portions of application
- Hold valid NS Drivers License
- NO medical conditions that would prevent you from holding NS Class 3 Drivers License

**Support Personal:** Includes but not limited to traffic control, on-scene operations support, cleaning equipment, radio/ information tracking, filling air bottles. Does not include frontline firefighting operations.

Requirements:

- Completion of all portions of application

This application will be used for the soul purpose of the Kingston District Fire Department.

I declare that all the forgoing information is true and complete, and I understand that a false statement may disqualify me from becoming a member or be cause for immediate dismissal once a member.

This application will be used for the sole purpose of the Kingston Fire Department.

I declare that all the forgoing information is true and complete, and I understand that a false statement may disqualify me from becoming a member or be cause for immediate dismissal once a member.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# KINGSTON DISTRICT FIRE DEPARTMENT

SERVING KINGSTON & SURROUNDING AREAS

FOR OVER 60 YEARS

## Self Medical Declaration for Application to Kingston District Fire Department

NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

The above named applicant to the Kingston District Fire Department is applying to become a firefighter. Firefighting is an extremely physically and mentally demanding activity. This medical evaluation form is kept strictly confidential. For safety concerns, only Kingston District Fire Department Executive members are privy to information/ restriction(s) applied to applicant and to ensure the applicant meets requirements for position in which they are applying for. This is a self declaration medical form, failure to be true full and honest could result in immediate dismissal from the Kingston District Fire Department. These questions are for your safety and the safety of firefighters you will be working with.

Please answer/ circle the following:

- Do you take any long term medications that could affect physical ability or judgment?  
*Prescription or Non-prescription* Yes or No
  - Does you have any known heart disease? Yes or No
  - Does you become short of breath easily? Yes or No
  - Does you have any known medication allergies? Yes or No
- If yes, please specify:

\_\_\_\_\_

Do you currently have or have had any of the following, please check all that apply:

- |                        |                       |                          |
|------------------------|-----------------------|--------------------------|
| High Blood Pressure    | Low Blood Pressure    | Stress/ Nervous Problems |
| Blood Disorders        | Drug or Alcohol Abuse | Epilepsy                 |
| Diabetes (Type 1 or 2) | Asthma                | COPD                     |
| Narcolepsy             | Cancer(s)             | Psychiatric Care         |
| Fainting Spells        | Stroke                | Heart Trouble            |
| Chest Pain             | Claustrophobia        |                          |

- Do you have vision (color and peripheral) acceptable for firefighting operations while wearing safety glasses, goggles or self contained breathing apparatus?
- Do you have normal unaided or aided hearing?

If aided, is aid required at all times when participating in firefighting operations? Yes or No or N/A

We at the Kingston Fire Department rely on you to help keep you and our firefighters safe and for that we thank you.

If any of the above conditions apply, please simply outline any current restrictions that may limit your participation in firefighting operations but would not affect your acceptance into The Kingston District Fire Department. These conditions may be lifted at anytime with Physicians documented consent.

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# KINGSTON DISTRICT FIRE DEPARTMENT

*SERVING KINGSTON & SURROUNDING AREAS*

*FOR OVER 60 YEARS*

Applicant must attend three (3) training nights as part of this application process. This is to help members meet the applicant and for the applicant to get an understanding of what is involved with being a member of the Kingston District Fire Department.

Applicant will not be a participant, simply an observer on these evenings.

The department trains once a week, Monday evenings starting at 6:45pm, **except for the first Monday of the month. Applicant not permitted to attend meetings.**

DATE	TOPIC	F .G.O SIGNATURE:
DATE	TOPIC	F.G.O SIGNATURE:
DATE	TOPIC	F .G.O SIGNATURE

On the nights the applicant attends, they must have one of the Fire Ground Officers sign this sheet to confirm attendance.





# KINGSTON DISTRICT FIRE DEPARTMENT

SERVING KINGSTON & SURROUNDING AREAS

FOR OVER 60 YEARS

## **Membership Agreement/ Applicant Declaration Form**

I hereby voluntarily apply for membership within the Kingston District Fire Department. I understand that any equipment, uniforms, protective clothing, training materials, identification cards or badges or any other item which may be provided for my use is the property of the Kingston District Fire Department and must be promptly returned to the designated Officer upon my leaving the Department whether by resignation, leave of absence or dismissal.

I acknowledge that Department rules, General Operating Guidelines and Administrative Policies establish requirements for specific levels of attendance at departmental activities, safety or other conditions which are required to maintain membership within the Department.

I understand that participation in departmental activities shall make me privy to information about citizens of the fire protection area, members of the Department or other information of a personal or confidential nature and I will not reveal or discuss that information with anyone except as required to carry out my duties as a firefighter.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any of the provided information is found to be untrue that this application may be rejected and if accepted into the Department, false statements on this application shall be considered sufficient cause for dismissal.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile number: \_\_\_\_\_

