



## FORM B EDUCATION, TRAINING AND EXPERIENCE

Highest Level of Education										
<b>Related Skills</b>										
1 – Trade license or extensive experience										
2 – Advance skills or post-secondary courses										
3 – Familiarity through personal experience										
<b>Skill</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Skill</b>	<b>1</b>	<b>2</b>	<b>3</b>			
Mechanics				Occupational H&S						
Pumps/ Sprinklers				Fundraising						
Electrical systems				Administrative work						
Computers				Public Speaking						
Breathing or SCBA				Teaching						
Building construction				Event Coordination						
Fire Fighting				Medical or Health sciences						
Rescue Procedures				Profesional Driver						
Athletics				Heavy Equip. Op.						
Languages				Critical Incident Stress						
Other Training:										
Do you have any previous fire fighting or emergency response experience										
If yes please describe									Y/N	



Job Specific Training			
Select subjects that you have been properly trained on			
Medical	<input type="checkbox"/>	Auto Extrication	<input type="checkbox"/>
CPR	<input type="checkbox"/>	Scene Size Up	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Patient Stabilization	<input type="checkbox"/>
EFR	<input type="checkbox"/>	Vehicle Stabilization	<input type="checkbox"/>
O2 Administration	<input type="checkbox"/>	Hand tools	<input type="checkbox"/>
Radio License	<input type="checkbox"/>	Hydraulics	<input type="checkbox"/>
Chain Saw Operators	<input type="checkbox"/>	Air Bags	<input type="checkbox"/>
Water/Ice Rescue	<input type="checkbox"/>	Ropes and Knots	<input type="checkbox"/>
Wild Fire S102	<input type="checkbox"/>	Ladders	<input type="checkbox"/>
Other	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>
Emergency Vehicle Ops	<input type="checkbox"/>	Hoses	<input type="checkbox"/>
Fire Fighter Conduct	<input type="checkbox"/>	Fire Streams	<input type="checkbox"/>
Safety in the Fire service	<input type="checkbox"/>	Portable Extinguishers	<input type="checkbox"/>
Fire Behaviour	<input type="checkbox"/>	Suppression Techniques	<input type="checkbox"/>
PPE	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>
SCBA	<input type="checkbox"/>	Forcible Entry	<input type="checkbox"/>
Salvage	<input type="checkbox"/>	Search and Rescue	<input type="checkbox"/>
Overhaul	<input type="checkbox"/>	Incident Command	<input type="checkbox"/>
Size up	<input type="checkbox"/>	Fire Cause Determination	<input type="checkbox"/>
Note Taking	<input type="checkbox"/>	Other-	<input type="checkbox"/>

**Return all completed Forms to the Fire Chief**