



**ESA • FIRE**

## **Application Package – Professional Fire Fighter**

**Submit to:**

**Emergency Services Academy Ltd.**

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

**Questions? Call 780-416-8822 or e-mail [applications@ESAcanda.com](mailto:applications@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.

Details are listed on our website: [www.ESAcanda.com](http://www.ESAcanda.com)

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.

### Acceptance into a Fire Program

ESA requires a minimum of 14 students to offer a Fire Program. ESA accepts a maximum of 36 students for each Professional Fire Fighter Program.

Your complete application, the completed checklist page, supporting documents (including the Alberta Enrolment Contract which is a separate download from the website) and payment may be submitted to ESA by one of the following options:

Mail / Courier / in person:  
Emergency Services Academy Ltd.  
2nd Floor, 161 Broadway Boulevard  
Sherwood Park AB T8H 2A8

Email:  
[applications@ESAcanda.com](mailto:applications@ESAcanda.com)

Fax:  
780-449-4787

Questions? Call (780) 416-8822 or email [applications@ESAcanda.com](mailto:applications@ESAcanda.com)

### For ESA Administration:

Date application received: \_\_\_\_\_ Date application processed, fees paid: \_\_\_\_\_

Date email sent to applicant: \_\_\_\_\_ Processed by: \_\_\_\_\_ ESAFire App 2024-v1



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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 Use	Student Checklist
<input type="checkbox"/>	<input type="checkbox"/> Have you read, signed and dated the Waiver/Consent form?
<input type="checkbox"/>	<input type="checkbox"/> Have you completed the Professional Fire Fighter application form?
<input type="checkbox"/>	<input type="checkbox"/> Have you downloaded the Alberta Student Enrolment Contract? This contract is a separate download from the ESA website. Details for completing this contract follow.
	<b>Please include the following prerequisites listed below with your application, in order of the checklist.</b>
<input type="checkbox"/>	<b>A. Proof of age</b> (minimum 18 years).
<input type="checkbox"/>	<b>B. Minimum Class 5 Driver's License and Air Brake Endorsement.</b> All ESA Professional Fire Fighter students (Flex or Enhanced) must hold a valid Driver's License, Minimum Class 5 and Air Brake Endorsement to be eligible to participate in the practical driving component of the ESA Professional Fire Fighter Program.
<input type="checkbox"/>	<b>C. Driver's Abstract</b>
<input type="checkbox"/>	<b>D. Education</b>  <input type="checkbox"/> 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. Please contact ESA for a Mature Student Application Form. Contact <a href="mailto:applications@ESAcanda.com">applications@ESAcanda.com</a>
<input type="checkbox"/>	<b>E. Medical Form</b> completed and signed by a physician within 6 months of the first day of classes at ESA.
<input type="checkbox"/>	<b>F. Fire applicants are required to provide <u>ONE</u> of the following, dated within three years as of the first day of the Fire program:</b>  <input type="checkbox"/> Standard First Aid <input type="checkbox"/> Medical First Responder <input type="checkbox"/> Primary Care Paramedic <input type="checkbox"/> Advanced First Aid <input type="checkbox"/> Emergency Medical Responder <input type="checkbox"/> Advanced Care Paramedic
<input type="checkbox"/>	<b>G. CPR - BLS Provider or CPR Level C or Health Care Provider.</b> Dated within one year as of the first day of the program (include photocopy)
	H. Resume
	I. Two letters of character reference
	J. Alberta Student Number
	K. Fire Program Graduate Report
	L. ICS 1-100 Online Course



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M. Do you require Special Academic Accommodations?  Yes  No

If yes, you must submit the required documentation with your application package. Refer to our website <https://www.ESAcanda.com/student-services>

### **Rope Rescue Courses - Optional for Fire Flex and Enhanced Students**

The Rope Rescue 1 Course is a specialist course for Fire, Rescue and Emergency Services personnel. It covers the rope rescue skills required to access and evacuate casualties from most high angle locations.

ESA accepts a maximum of 14 students for NFPA 1006: Rope Rescue 1.

Rope Rescue 1 is scheduled immediately following a Fire program. Please refer to the ESA website for rope program dates, curriculum information and application: <https://www.ESAcanda.com/nfpa-1006-rope-rescue-1>



## 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 and Air Brake Endorsement**  
**Flex and Enhanced - Minimum Class 5 Driver's License** (include photocopy) **and Air Brake Endorsement** (include photocopy). Fire students must hold a valid driver's license to be eligible to participate in the practical driving component of the ESA Professional Fire Fighter Program - Flex or Enhanced..
- 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 by a physician, dated within 6 months of the first day of classes at ESA.
- G. Basic Rescuer - CPR Level C or Health Care Provider** (Heart & Stroke Foundation, St. John's Ambulance or Red Cross) OR more advanced qualifications such as Advanced First Aid, a wallet card from an approved first aid training agency, an ACP practice permit.
- 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](mailto: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.
- L. ICS I-100 - The Office of the Fire Commissioner (OFC)**, which is the accrediting body for the Professional Fire Fighter Program, has updated their NFPA 1001 Level I & II prerequisites. The OFC requires that all students complete the **ICS I-100 online course** prior to the 1001 program. The online course will take approximately 2 - 4 hours to complete. The cost of the online course is \$25.00. Click this link for the **ICS I- 100** course or use <http://www.aema.alberta.ca/ics-i-100>



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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 or laptop
- CSA approved, black leather, 8" steel toed work boots
- Navy** Cargo Work pants - ESA recommends purchasing from Mark's Work Wearhouse, [https://www.marks.com/en/pdp/dakota-workpro-series-men-s-stretch-cargo-work-pants-75965745f.html?colorCode=COLOUR\\_NAVY](https://www.marks.com/en/pdp/dakota-workpro-series-men-s-stretch-cargo-work-pants-75965745f.html?colorCode=COLOUR_NAVY)

### 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](http://www.ESAcanda.com) - [Professional Fire Fighter Program/ Further Expenses](#).

- Transportation to practical training sites, including travel to Spruce Grove AB, within Strathcona County and the Emergency Training Centre, Lakeland College in Vermilion AB.
- Accommodation in Vermilion AB. ESA will reserve a block of rooms at a local hotel 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 employment requirements.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Professional Fire Fighter  
Graduate Report - Professional Fire Fighter - Enhanced  
Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education**

**Graduate Report**

Reporting Period: April 1, 2022 - March 31, 2023  
Date Prepared: April 30, 2023

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

1. Graduation Rate: 77.42% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	5
- part time training related employment	7
- not training related employment	6
- unemployed	0
- pursued higher education	4
- special circumstances	0
- unable to locate student	2
<b>Total Job Placement</b>	<b>24</b>

3. Job Placement Rate: 60.00%

**Please note:**

Fire Fighter job competitions for municipalities typically take between 12-18 months from application deadline to offer of employment

This graduate report was made available to me prior to enrollment in the Fire - Enhanced program.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Professional Fire Fighter  
Graduate Report - Professional Fire Fighter - Flex  
Based on Report from Private Vocational Training, Alberta Innovation and Advanced Education**

**Graduate Report**

Reporting Period: April 1, 2022 - March 31, 2023

Date Prepared: April 30, 2023

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

1. Graduation Rate: 80.00% (of the students enrolled, successfully completed)

2. Job Placement Information of Graduates:

- full time training related employment	5
- part time training related employment	1
- not training related employment	1
- unemployed	0
- pursued higher education	1
- special circumstances	0
- unable to locate student	0
<b>Total Job Placement</b>	<b>8</b>

3. Job Placement Rate: 85.71%

**Please note:**

Fire Fighter job competitions for municipalities typically take between 12-18 months from application deadline to offer of employment.

This graduate report was made available to me prior to enrollment in the Fire - Flex program.

\_\_\_\_\_  
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  Female  Neither, I identify as: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Tshirt Size  XS  S  M  L  XL  XXL

\_\_\_\_\_  
Alberta Student Number    Social Insurance Number (SIN)

\_\_\_\_\_  
Phone Number (Cell)    Phone Number (Home)    E-mail Address - Mandatory

\_\_\_\_\_  
Mailing Address (Street / Avenue / Box Number)

\_\_\_\_\_  
City    Province    Postal Code

\_\_\_\_\_  
Emergency Contact Person    Relationship    Telephone

**How did you learn about ESA?** 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.

\_\_\_\_\_

**Registraton Information**

Please list the following information for the Professional Fire Fighter session you want to take. Refer to [www.ESAcanda.com](http://www.ESAcanda.com) for current Course Codes and Dates.

**Flex**                      Course Code: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Enhanced**                      Course Code: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The minimum number of students required to run a Fire Program at ESA is 14. If we are unable to offer the program

you request, would you consider taking a different session?  Yes - which one \_\_\_\_\_  No



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**Professional Fire Fighter  
Application Form - Page Two**

**Student Funding**

Are you applying for Student Funding for this program or are you being sponsored by a business or organization?

Yes  No If Yes, please provide details, including a contact name and email address:

\_\_\_\_\_

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.ESAcanda.com](http://www.ESAcanda.com) or call (780) 416-8822.

**Fire Fighter Enhanced Fees \$14,150.00**

**First payment of \$1,500.00** (fee includes administration fee \$125.00 + registration fee \$500.00 + portion of program materials fee of \$875.00) must be submitted with the application for admission to ESA

**Final payment of \$12,650.00** (balance of fees) due on the first day of program

**Fire Fighter Flex Fees \$9,450.00**

**First payment of \$1,225.00** (fee includes administration fee \$125.00 + registration fee \$500.00 + program materials fee \$600.00) must be submitted with the application for admission to ESA

**Final payment of \$8,225.00** (balance of fees) due on the first day of program

**Method of Payment:**

Cash  Cheque/Money Order  Debit  E-Transfer  VISA  MasterCard  American Express

**For Credit Card Use:** \_\_\_\_\_

Card Number (will not be kept on file by ESA)

Expiry Date (MM/YY)

Name of Cardholder: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**For INTERAC e-Transfer:** Set up the e-transfer through your bank using the ESA email address: [e-transfers@ESAcanda.com](mailto:e-transfers@ESAcanda.com).

**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 Professional Fire Fighter Program Medical Form

Name \_\_\_\_\_

### MEDICAL QUESTIONNAIRE

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

1. 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"/>                             |



Medical Form - Page 2 of 3

- Depression No  Yes
- Any other Mental, Nervous or Psychiatric Disorder No  Yes
- AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-related Complex) or HIV (Human Immunodeficiency Virus) No  Yes
- Any other Immunological Disease or Disorder No  Yes
- Alcohol or Substance Abuse No  Yes

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  Yes
- shoulder No  Yes
- elbow No  Yes
- hip No  Yes
- any other joints, muscles, ligaments or tendons No  Yes

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



Medical Form - Page 3 of 3

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: \_\_\_\_\_

**Physician's Statement - To be completed after a medical examination.**

To the best of my knowledge, this applicant can perform the duties connected with fire fighter training, including but not limited to those listed in this medical form.

Any relevant comments:

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

**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.

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**Signature of person providing the reference:** \_\_\_\_\_

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



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**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.

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**Signature of person providing the reference:** \_\_\_\_\_

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