



Carstairs Fire Department Application Form

The Carstairs Fire Department wishes to thank you for your interest and application with the Fire Department. After processing and review of your application you will be notified.

Date: _____ Name: _____

Address: _____ Email: _____

Phone #: (H) _____ (W) _____ (C) _____

Any previous Training? _____

Driver's License #: _____ Class: _____ "Q" Endorsement:

Are you a resident of Carstairs? _____ Age: _____

Please submit the application to the Carstairs Fire Department through Email / Fax or Mail.

Carstairs Fire Department

Po Box 1150

Carstairs, AB T0M 0N0

Phone: 403-337-2633 – Fax: 403-337-3550

Email: jordans@carstairs.ca