

TOWN OF MORINVILLE FIRE DEPARTMENT — APPLICATION FOR MEMBERSHIP

10021 - 100 Avenue - Morinville AB T8R 1R5 - Phone: 780-939-4162 - Fax: 780-939-4379

PERSONAL INFORMATION:

Other Education:

Name:			
	Given	Middle	Surname
			Postal Code:
How long have you	lived at this present address? Years	s Months	
(if less than 3 yrs pl	lease specify previous address)		
City		Prov	/
Phone:	Work:	Home:	Cell:
IN CASE OF AN EN	MERGENCY, PLEASE NOTIFY:		
Name:		Relationship:	
Phone:	Work:	Home:	Cell:
EMPLOYER INFOR	MATION:		
Name of present em	nployer:	Supervisor's	Name:
Address:			
		· · · · · · · · · · · · · · · · · · ·	t from work for the purpose of serving the
community: Yes	No If any limitations, ple	ase explain	
Employer/Superviso	or Signature:		Date:
			tionary firefighter you will be on probation o make this commitment?
			to enhance awareness about fire you support and participate in these
	RESPOND TO EMERGENCY INC	_ ` _	<u> </u>
DATTINE. 105	NOL MIGHT. 163 NOL	WELKLIND. 165	
EDUCATION:			
High School (highes	et grade completed) Pos	t-Secondary	



EXPERIENCE AND TRAINING

Please list any fire fighting experience that you may have received:						
Please list other training you Provide a copy of your ce	u may have obtained, eg: First Aidertificate for each.	I, CPR, H2S, Confined	Space, WHIMIS, TDG, etc.			
DRIVER'S LICENCE: A cur	rent driver's abstract will be requi	red				
Air Brake Endorsement: Y	Special Conditions: Yes No Special No Special No No Special No No No Special No Speci		Province:			
CRIMINAL RECORD CHEC	CK:					
Department. Do you have a		ns that would prevent	re final acceptance into the Morinville Fire you from being bonded? Yes \(\bigcap\) No \(\bigcap\)			
REFERENCES:	may contact who are not related t					
Name	Relationship	Phone	Remarks (office use only)			
to attend and participate in that being clean shaven is a	training programs as provided. I (understand that occup ontained breathing ap	mmitment of time and energy and I agree pational health and safety regulations state paratus. I also understand that any costs illity.			
I, the applicant do hereby s being done with regard to t		nd accurate and I con	sent to reference and security checks			
Date	Signature	of Applicant	Date Received (office use only)			

Morinville Fire Services is collecting the personal information on this form for the purpose of possible membership to the Fire Department, under the authority of the *Freedom of Information and Protection of Privacy Act (FOIP)*, section 33 (c). If you have questions regarding the collection of personal information, you may contact the Information Management/FOIP Coordinator for the Town of Morinville at 10125-100 Avenue, Morinville, Alberta, T8R 1L6, 780-939-4361.

Please ensure that the following documents are attached with this application: current driver's licence (photocopy); current driver's abstract; criminal records search; copies of any/all certificates you already have; copy of resume.

Please note that applications missing this information may not be processed. Drop off applications to the Don Found Fire Station during regular business hours, Monday to Friday: 9am to 5pm at: 10021 - 100 Street, Morinville AB