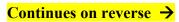


MORDEN FIRE DEPARTMENT APPLICATION FORM

Morden Fire Hall 194 Thornhill Street Morden, MB R6M 1C9 204-822-3888 E-Mail: athiessen@mymorden.ca

NAME: (PLEASE PRINT)

SURNAME FIRST NAME		MIDDLE NAME	
DATE:			
Please fill in remainder of the form in yo	our own hand	writing	
The Fire Department may check any or all of			
ADDRESS:			
NUMBER STREET	CITY	POSTAL CO	
E-MAIL ADDRESS:			
one #: RES:WORK:		CELL:	
ARE YOU A CANADIAN CITIZEN OR A PERMANENT RESIDENT (OF CANADA	? YES □ NO □	
DO YOU HOLD A VALID DRIVERS LISENCE?	YES □	NO □	
IF "YES" STATE PROVINCE:	CI		
WHAT PROMPTED YOUR APPLICATION? ADVERTISEMENT □ AGENCY □ FRIENDS SU	GGESTION	□ OWN ACCORD □	
EDUCATION:			
NAME OF SCHOOL LAST YEAR	ATTENDED	GRADE COMPLETED	
SECONDARY EDUCATION:	_	CERTIFICATION/TITLE	
UNIVERSITY/COLLEGE/TRADE			
UNIVERSITY/COLLEGE/TRADE PHYSICAL CAPABILITIES: ARE YOU PHYSICALLY ABLE TO:			
	YES 🗆	NO 🗆	
PHYSICAL CAPABILITIES: ARE YOU PHYSICALLY ABLE TO: WORK ALOFT: LIFT MODERATE TO HEAVY LOADS:	YES □ YES □	NO 🗆	
PHYSICAL CAPABILITIES: ARE YOU PHYSICALLY ABLE TO: WORK ALOFT:	YES 🗆	· · · -	



EMPLOYMENT: LIST JOBS, BEGINNING WITH PRESENT OR LAST EMPLOYER

EMPLOYER	POSITION HELD	FROM:	то:
		MONTH/YEAR	MONTH/YEAR
REFERENCES:		MONTH/YEAR	MONTH/YEAR
NAME:		POSITION TITLE:	
COMPANY:			
PHONE #:		CELL PHONE #:	
NAME:		POSITION TITLE:	
COMPANY:		<u></u>	
PHONE #:		CELL PHONE #:	
	Remainder of th	ne form is for office use only.	
DATE VOTED IN:		DATE RESIGNED/RETIRED:	

