



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 your own handwriting.
The Fire Department may check any or all of the following information.

ADDRESS:

NUMBER

STREET

CITY

POSTAL CODE

E-MAIL ADDRESS: _____

Phone #: 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: _____ CLASS: _____

WHAT PROMPTED YOUR APPLICATION?

ADVERTISEMENT ☐ AGENCY ☐ FRIENDS SUGGESTION ☐ OWN ACCORD ☐

EDUCATION:

NAME OF SCHOOL

LAST YEAR ATTENDED

GRADE COMPLETED

SECONDARY EDUCATION:

UNIVERSITY/COLLEGE/TRADE

CERTIFICATION/TITLE

PHYSICAL CAPABILITIES: ARE YOU PHYSICALLY ABLE TO:

WORK ALOFT:

YES ☐ NO ☐

LIFT MODERATE TO HEAVY LOADS:

YES ☐ NO ☐

WORK IN CONFINED AREAS:

YES ☐ NO ☐

STAND OR SIT FOR LONG PERIODS OF TIME

YES ☐ NO ☐

IDENTIFY COLOURS (WITH A HIGH DEGREE OF ACCURACY)

YES ☐ NO ☐

EMPLOYMENT: LIST JOBS, BEGINNING WITH PRESENT OR LAST EMPLOYER

EMPLOYER

POSITION HELD

FROM:

TO:

MONTH/YEAR

MONTH/YEAR

MONTH/YEAR

MONTH/YEAR

REFERENCES:

NAME: _____

POSITION TITLE: _____

COMPANY: _____

PHONE #: _____

CELL PHONE #: _____

NAME: _____

POSITION TITLE: _____

COMPANY: _____

PHONE #: _____

CELL PHONE #: _____

Remainder of the form is for office use only.

DATE VOTED IN: _____
(Revised 2022 MARCH 21)(Y)

DATE RESIGNED/RETIRED: _____

