



TOWN OF MORINVILLE FIRE DEPARTMENT

Paid-On-Call Fire Fighter Application

10021 - 100 Avenue - Morinville AB T8R 1R5 - Phone: 780-939-4162 – Email: mfd.admin@morinville.ca

PERSONAL INFORMATION:

Name: _____
Given Middle Surname

Address: _____ Postal Code _____

*To be eligible for this position, applicants must reside within the Town of Morinville Corporate Limits.

Phone: _____ Work: _____ Email: _____

Are you 18 years or older? Yes No

EMPLOYER INFORMATION:

Name of present employer: _____ Supervisor's Name: _____

Address: _____

Does your employer consent to you being called away from or absent from work for the purpose of serving the community? Yes No If any limitations, please explain. _____

COMMITMENT INFORMATION:

Weekly fire practices are held on Wednesday evenings from 7-10 pm. As a probationary firefighter you will be on probation for a period of eight months and expected to attend these practices.

Are you able to make this commitment? Yes No

The fire department participates in several educational and safety programs to enhance awareness about fire safety. This requires additional hours of volunteering from our firefighters, would you support and participate in these programs? Yes No

ARE YOU ABLE TO RESPOND TO EMERGENCY INCIDENTS DURING: (check all that apply)

DAYTIME: Yes No NIGHT: Yes No WEEKEND: Yes No

EXPERIENCE AND TRAINING:

Please list any firefighting experience that you may have received:

Please check off any training you may have obtained in the following.

First Aid CPR H2S Confined Space WHIMIS TDG Other _____

Please provide a copy of your certifications for each with your resume.

Do you have a valid Alberta Drivers Licence? Yes No

Do you have access to reliable transportation? Yes No

Do you agree to complete a Standard Driver's Abstract Consent Form and submit it to the Town if accepted into the Morinville Fire Department? Yes No

Do you agree to obtain a criminal record with vulnerable sector search, conducted by the RCMP, if accepted into the Morinville Fire Department? Yes No

REFERENCES:

List two persons whom we may contact who are not related to you:

Name	Relationship	Phone	Remarks (office use only)
_____	_____	_____	_____
_____	_____	_____	_____

I, the applicant, acknowledge that being a member of the fire department is a commitment of time and energy and I agree to attend and participate in training programs as provided. I understand that occupational health and safety regulations state that being clean shaven is a requirement for the use of self-contained breathing apparatus.

I, the applicant, do hereby swear that all information is true and accurate, and I consent to my reference and security checks being done regarding this application.

Date	Signature of Applicant	Date Received (office use only)
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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 Records and Information Management 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 of front and back).
- Copies of any/all certificates you may have.
- Copy of resume.

Applications missing this information may not be processed.

Email applications to mfd.admin@morinville.ca or drop off at the Don Found Fire Station during regular business hours, Monday to Friday from 8:00 am to 4:30 pm at 10021 - 100 Street, Morinville AB.