

Signature

## SELKIRK FIRE DEPARTMENT

200 Eaton Avenue Selkirk, MB R1A 0W6

Phone: 204-785-4965 Fax: 204-785-4966 selkirkfire@hotmail.com

## **Membership Application**

## PLEASE PRINT ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

NAME IN FULL: \_\_\_\_\_

ADDRESS:	
PHONE #:	EMAIL:
BIRTHDATE (dd/mm/yyyy):	DRIVERS LICENSE #:
ARE YOU PRESENTLY EMPLOYED? YES / NO IF YES, WHERE?	
HIGHEST LEVEL OF EDUCATION OBTAINE	D:
TRADES TRAINING OR OTHER CERTIFICATES/DESIGNATIONS:	
PREVIOUS FIREFIGHTING EXPERIENCE, IF ANY?	
OTHER TRAINING (ie CPR, First Aid, etc)	
	ATTENDING FIRE CALLS DURING YOUR NORMAL WORKING ROM YOUR EMPLOYER INDICATING SUCH WILL BE
ARE YOU ABLE TO ATTEND FIRE CALLS 24	HRS PER DAY?
IF NO, PLEASE STATE WHEN YOU ARE ABLE TO ATTEND?	
NOTE: SELECTED APPLICANTS WILL	BE ASKED TO PROVIDE TWO (2) CHARACTER REFERENCES
<ul> <li>Applicants MUST RESIDE IN THE C also work within the City.</li> </ul>	ITY OF SELKIRK and preference will be given to applicants who
<ul> <li>Applicants will be required to proving registry check</li> </ul>	de a driver's abstract, criminal record check, and child abuse
• •	AND PASS ALL LEVEL 1 FIREFIGHTING EXAMS n a CLASS 4 DRIVERS LICENSE WITH AN AIR BRAKE
• •	a PROBATIONARY PERIOD and will be expected to obtain all he end of their probationary period.

Date