

## **VILLAGE OF MANNVILLE**

5127 – 50<sup>th</sup> Street Box 180 Mannville, Alberta T0B 2W0 Phone: 780-763-3500 Fax: 780-763-3643 Firesafety@mannville.com www.mannville.com

## **Mannville Emergency Services Department Firefighter Application Form**

Address:
DOB: D MY Marital Status:  SIN: Driver's License#: Class: Are you bondable: Yes No Previous Fire/Emergency experience and/or training:  Do you have any medical conditions that limit your ability to do physically demanding work? Yes No If yes, please provide details: Please specify times/days of week when you would be available for firefighting:  Why do you want to join the Mannville Fire Department?  Are you able to attend practice sessions biweekly? Yes No  List three personal references including name, address and daytime phone number. 1 2 3  ** For Office Use Only **
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1
2
** For Office Use Only ** Acceptance as Probationary Fire fighter  Fire Chief: Officer:
Acceptance as Probationary Fire fighter  Fire Chief: Officer:
Date: Date:
Acceptance as a Regular Firefighter
Fire Chief: Date:
I do hereby declare that should I be successful in my application for membership within the Village of Mannville
Fire Department, I will obey and abide by the rules and regulations as set forth in the Fire Department Standard
Operating Guidelines manual. I understand that failure to comply with rules will result in disciplinary action.
Applicant (printed name):
Applicant (Signature):
Date:

Please deliver completed application to the Village of Mannville Office or mail to Village of Mannville, Box 180 TOB 2W0.

The personal information on this form is collected for the purpose of processing your application. It is collected under the authority of the *Freedom of Information and Protection of Privacy Act* Section 32(c). It is protected by the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information please contact Village Office at 780.763.3500