



RITCHOT FIRE DEPARTMENT

Application for Membership

Name: _____

Date of Application: _____

Civic Address: _____

Mailing Address: _____

Primary phone number:

Secondary phone number:

How long have you been a resident of the R.M. of Ritchot? _____ Years

Is your ability to perform Fire Fighting duties likely to be affected due to a current or previous illness or disability? Yes No

If yes, please specify: _____

When will you be available to respond to Fire Calls? (Check all that apply)

Monday – Friday day evening night

Saturday – Sunday day evening night

Do you have a valid driver's license? Yes No

What classification of driver's license do you have? _____

Are there any restrictions on your driver's license? Yes No

If yes, please specify: _____

Do you have Air Brake Endorsement on your driver's license? Yes No

Do you currently hold a valid First Aid certificate? Yes No

Have you been a member of a Fire Department in the past? Yes No

If yes, please specify: _____

Have you applied to the R.M. of Ritchot Volunteer Fire Department in the past?

Yes No

If yes, what was the date of the last application? _____

Name of present or last employer: _____

Main duties of employment: _____

May we contact your employer? Yes No

If yes, supply the name and contact information for your supervisor:

Highest level of education completed:

High School Post secondary

Trade ticket: _____ Other: _____

Year graduated from high school: _____

Declaration

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any of these statements are found untrue, this application may be rejected. As well I give consent to have a criminal record search and a driver's abstract done on my background.

Date _____

Signature _____