



APPLICATION

I am applying for the Morris Fire Company

Upon election to the department membership, the applicant must pass a required physical before being placed on the active list. A background check will also be conducted. The Morris Fire Company has the right to reject any applicant.

I herewith agree to take a physical and consent to a background check. These costs will be paid by the Town of Morris and shall be done after election to the department.

Name: _____

Phone #: (day) _____ (evening) _____ (cell) _____

Address: _____

Best time to reach: _____

Email address: _____

Driver's license #: _____

Date of birth: / /

Place of employment: Full time: Part time:

Address: _____

Phone #: _____

Level of education: Grade school, High/Technical school, College, Graduate degree, Continuing education studies

Military service:

Branch of service: _____

Years of service: _____

EMS experience:

EMS experience Y / N

Dates: _____

Location: _____

EMS certification: Y / N



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EMS experience (continued):

#/State: _____
Level: _____ Expires: / /
CPR: Y / N Expires: / /

Fire experience:

Fire experience: Y/N
Level: _____
References from previous fire departments:
Fire department: _____
Chief: _____
Fire department: _____
Chief: _____
Fire department: _____
Chief: _____

Any pertinent certifications, licenses or studies (ie. CPR, lifesaving , etc):

List any hobbies, interest, and/or memberships that would be an asset:

Personal physician: _____

Blood type: _____

Hospital affiliation: _____

Have you had hepatitis B vaccination: Y / N