

Morrisville Fire Protection District

P.O. Box 78
Morrisville, MO 56710
417-756-2029

Volunteer Employment Application

Last Name: _____ First: _____ Mi: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Class: _____

Education: High School _____ College _____

Level of Completion / Degree: _____ Graduation Date: _____

Non-Family Personal / Workplace References:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Have you ever responded with another fire or emergency services department? Yes / No

If so, where and how long? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

As a responder for the Morrisville Fire Protection District you will be a Public Safety Officer held to the highest professional standards. All incidents you hear about or scenes you respond to are confidential. In accordance with HIPPA laws, you will not be able to discuss any responses with anyone other than a fellow responder on that scene or authorized members of the department chain of command.

I, the applicant, have completed the above information completely, honestly, and understand that any statements found to be false in any part of my application could lead to immediate disqualification of my application or termination of future employment.

I hereby authorize the Morrisville Fire Protection District to conduct a criminal background and driving record check.

I further authorize the Morrisville Fire Protection District to contact the personal references I have listed above; and make lawful contact, with any public or private person or entity while processing this application.

Signature of Applicant

Date