

# Morrisville Fire Protection District

P.O. Box 641  
Brighton, MO 65617  
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