

Morrisville Fire Department Membership Application

Last Name: _____ First Name: _____ Middle: _____

Street / College Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

Email Address: _____

Application Type: Active Firefighter Mutual Aid Member Fire Police
 Active EMS Auxiliary Vehicle Operator

Residency Requirement

Resident Member: I have resided in the Village of Morrisville or the Town of Eaton or Nelson within the Morrisville Fire District for _____ years and _____ months.

Non-resident Member: I have been employed at a location within the Village of Morrisville or the Town of Eaton or Nelson within the Morrisville Fire District for _____ years and _____ months.

Morrisville State College Member: I am a full time student at Morrisville State College and my anticipated graduation date is: _____.

Home Address: _____

Mutual Aid Member: I have been a member of good standing of the _____ Fire Department for _____ years and _____ months, and have provided all required information and wish to become a mutual aid member for the duration of my residency or employment within the Morrisville Fire District. **Home Address:** _____

Agreement

I agree to attend meetings of the Company and respond to all alarms of fire and other emergencies whenever possible and to abide by the bylaws of the Company. I also agree that my membership in the Company shall be conditional on the satisfactory completion of a medical examination attesting to my physical ability to perform the duties of membership, and a one (1) year probationary period (or to the age eighteen (18), whichever is later), after which I will again be voted on by the membership of the Company. The medical examination shall be by a doctor of my choice within thirty (30) days of my election to probationary membership. I further agree that during my first year probationary period I will attend training courses as prescribed by the bylaws of the company. I also understand that any omission or misrepresentation by me on this application will be cause for my rejection or expulsion.

All applicants will be considered without regard to ethnicity, religion, gender or age.

Signature: _____

Date: _____

Employment Information:

Name	Address	Position	Dates of Employment

Do you have access to a vehicle to permit you to respond to the stations? Yes ___ No ___

List any relevant certifications, courses, trainings (please provide expiration dates, if any):

What is your highest grade/level of education completed? _____

Have you previously belonged to another fire department or ambulance service? Yes ___ No ___
If so, provide name, address and years of service: _____

Allergies / Medications / Medical conditions that could impede your duties: _____

Are you a citizen of the United States? Yes ___ No ___

If not, do you intend to become a citizen of the United States? Yes ___ No ___

If no, have you the legal right to remain permanently in the United States? Yes ___ No ___

Do you intend to remain permanently in the United States? Yes ___ No ___

Have you ever been convicted or plead to a criminal offense? Yes ___ No ___

Provide offense convicted of: _____

Date of conviction: _____

How long ago was the conviction? _____

Has a certificate of relief from disabilities been obtained? Yes ___ No ___

Have you ever been convicted of arson or attempted arson in any degree? Yes ___ No ___

Do you have any pending arrests? Yes ___ No ___

Have you reviewed the requirements for the position which you are interested? Yes ___ No ___

Can you perform the functions of at least one of the positions in which you are interested, with or without reasonable accommodation? Yes ___ No ___

(Please see the list of attached physical requirements)

* The Fire Department reserves the right to determine what is reasonable.

CONSENT FOR CRIMINAL BACKGROUND CHECK AND INVESTIGATION

[If consent is not provided, the application will be rejected]

I, _____, hereby provide my consent to the Morrisville Fire Department and Morrisville Fire District and their agents (including police agencies) to search my criminal record of pleas and convictions, and presently pending charges, and to provide the results to the Morrisville Fire Department as part of this application process. I also provide my consent to investigate my record of driving and traffic convictions.

Applicant Signature

Date

**All Information below must be provided
And will be kept confidential**

Social Security Number: _____

Birth Date: _____ **Place of birth:** _____

Gender: _____ **Height:** _____ **Weight:** _____

Person to be contacted in case of emergency: _____

Phone Home: _____ **Cell:** _____ **Work:** _____

For Fire Company Use Only

Recommendation (two active fire company members):

Name: _____ Date: _____

Name: _____ Date: _____

Reviewed by Screening Committee:

Officer / Title: _____ Date: _____

Officer / Title: _____ Date: _____

Officer / Title: _____ Date: _____

Officer / Title: _____ Date: _____

Received by Company Secretary:

Signature: _____ Date: _____

Dates:

Voted into Probationary status: _____

Probationary Period: _____ to _____

Voted into Active status: _____

Resigned: _____