

Thank you for your interest in the Morris Fire Department

Please complete and return to:

Morris City Hall
609 Oregon Avenue
Morris, MN

Or mail to:

City Of Morris
P.O. Box 438
Morris, MN 56267

CITY OF MORRIS
Fire Department Firefighter Application

APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ENTIRETY

Name _____ Date of Birth _____
 First Middle Last Month/Day/Year

Present Address _____

How long lived at present address? _____ Home Phone _____
Work Phone _____

Driver's License Number _____

How did you happen to apply for a position with the Morris Fire Department? _____

Employment History

List below your last three employers, starting with your present or last employer first.

Dates From - To	Name & Address of Company	Name & Title of Supervisor	Job Title	Job Duties
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Character References

(Do not list relatives or former employers)

Name	Occupation	Address	Phone
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IMPORTANT: Read Before Signing!

I authorize investigation of all statements and matters contained in this application of which the prospective employer may deem relevant to my employment.

Date _____

Signature _____

Medical Information

Date of last physical exam? _____

Results: _____

Are you now under a doctor's care? _____

Are you willing to take a physical exam? _____

Days of work missed in last 12 months: _____

Family physician: _____ Address: _____

Miscellaneous Information

What do you do for recreation? _____

Clubs and organizations to which you belong. (Exclude those based on race, religion or national origin)

Are you willing to take a physical agility test as part of the application process? _____

THE FOLLOWING IS AGREED TO BY THE APPLICANT'S EMPLOYER:

I do hereby certify that this application is made with my knowledge and consent and I understand that if

_____ is accepted to the Morris Fire Department, this individual will be
Name of Applicant

giving part of their time to public service and will be expected to leave work when the alarm sounds.

Name of company where you are employed: _____

Address of employer: _____

Telephone of employer: _____ Name of Supervisor _____

Signature of employer: _____

Date: _____

1. Are you at least 21 years of age? _____
2. Are you willing to give up Monday nights plus a few weekends for the Fire Department? _____
3. Does your job or type of work take you out of town? If so, how often? _____
4. How does your employer feel about you joining the Fire Department? _____
5. Do you live within a 2 1/2 mile radius from the Morris Fire Department Station? The Morris Fire Department is located at South Hwy 9 and Elm Street, Morris. _____
6. During your one-year probationary period, you will be required to attend firefighter classes. The classes would be held on week nights other than Mondays, as often as two nights per week. Are you willing and able to give this extra time during your one-year probationary period? _____
7. Do you have any previous fire fighting experience? _____
8. If yes, with what fire department or branch of service? _____
9. Are you afraid of heights? _____
10. Do you have problems with claustrophobia? _____
11. Do you have any medical or physical disabilities? _____
12. Do you currently have any of the following medical problems?
 - _____ Diabetes, insipidus or mellitus
 - _____ Epilepsy, grand mal or petit mal
 - _____ Alcoholism
 - _____ Use certain medication(s) List _____
 - _____ Punctured ear drum
 - _____ Skin sensitivities
 - _____ Impaired or non-existent sense of smell
 - _____ Emphysema
 - _____ Chronic pulmonary obstructive disease
 - _____ Bronchial asthma
 - _____ X-ray evidence of pneumonconiosis
 - _____ Evidence of reduced pulmonary function
 - _____ Coronary artery disease or cerebral blood vessel disease
 - _____ Severe or progressive hypertension
 - _____ Anemia, pernicious
 - _____ Pneumomeiastinum gap
 - _____ Communication or sinous through upper jaw or oral cavity
 - _____ Experience breathing difficulty when wearing a respirator
 - _____ Experience claustrophobia when wearing a respirator
 - _____ Any other condition that you feel could affect the healthful use of a respirator

I hereby declare that my driver's license number is _____, Class _____, and I hereby authorize the City of Morris to check my driving record periodically as necessary to assure compliance with the city vehicle operation policy and/or auto insurance carrier regulations.

Date

Signature

DFWP Pre-Employment Testing History Form: Completed by Applicants to DOT-Regulated Positions ONLY

Employers regulated by the Department of Transportation (DOT) must ask all prospective employees offered DOT-regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding two years. Please respond "yes" or "no" to the following questions by placing an "X" in the appropriate space

<i>to be completed by the prospective employee</i>		
In the last two (2) years:		
	<u>Yes</u>	<u>No</u>
1.	Have you tested positive on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work?	_____
2.	Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work?	_____
3.	If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process?	_____
- or -		
	If you responded "No" to both Questions 1 and 2 above, please, mark the following space	_____
Please provide the name, address and telephone number of the Substance Abuse Professional (SAP), if any, to which you were referred as part of the DOT-required return-to-duty process:		
Name: _____		
Address: _____		
City, State and Zip: _____		
Phone Number: (_____) _____		

I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.

Date: _____ Applicant's Signature: _____

NOTE: This certificate should be retained in a secured file

DFWP Previous Employment Testing History Form

**U.S. Department of Transportation
(Pursuant to 49 CFR § 40.25)**

Section 1 - To be completed by the prospective employee

Date: _____

Print Employee Name (First, M.I., Last) _____

I, _____ hereby authorize my previous employer, _____
(Employee Signature)

to release and forward all information regarding my drug and alcohol testing and treatment records to my potential employer, _____

Address, City, State and Zip _____

Telephone Number: _____ Fax Number: _____

Section 2 - To be completed by the previous employer

	<u>Yes</u>	<u>No</u>
1. Has this individual received a verified positive drug test result in the last two (2) years?	_____	_____
2. Has this person received an alcohol test result with a breath alcohol concentration 0.04 or greater in the last two (2) years?	_____	_____
3. Has this person refused a required test for drugs and/or alcohol in the last two (2) years (including verified adulterated or substituted drug test results)?	_____	_____
4. Has this person violated any other DOT agency D & A testing regulations?	_____	_____
5. Has the person violated any DOT D & A regulations (e.g. positive test, refusal to test)? If so, please provide proof of successful completion of the DOT requirements (including follow-up testing).	_____	_____

If "Yes" to any of the above questions, please provide the name, address and telephone number of the Substance Abuse Professional (SAP) for further reference:

Name: _____ Address: _____

City, State and Zip _____ Phone Number: (_____) _____

Section 3 - To be completed by the prospective employee

Release of Information

Previous Employer Contact Person: _____

Date Information Received: _____

Interviewed By: _____

Interview Method

_____ Letter

_____ Fax

_____ E-mail

NOTE: This certificate should be retained in a secured file

DFWP Pre-Employment Consent Form

Pre-Employment Tests Only:

Applicants, please read and sign below.

Pre-Employment/Pre-Placement Consent

I understand, as required by the company policy, all prospective employees must submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a DHHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company. If the drug test result is negative, the MRO will report the test result to the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive. I consent to the release of test results to the company's third-party administrator (currently Pinkerton Services Group-Health Services Division), within the company on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as outlined in the company policy and supportive material.

I hereby agree to voluntarily submit to a drug and/or alcohol test and further understand that if said test(s) is verified/confirmed as a positive drug and/or alcohol test and/or if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens), I will be considered unqualified for employment by the company.

Employment is conditioned on a negative test result and hiring will not become final unless the individual passes the required drug test.

If you have any questions, please discuss them with the company before signing.

Applicant Signature: _____ Date: _____

Required if applicant is less than 18 years of age:

I am the parent/guardian of _____. I hereby consent to his/her participation in a pre-employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: _____ Date: _____

Note: This certification should be retained in a secured file.

CITY OF MORRIS

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Morris is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home telephone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interview; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Morris and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Applicant's Signature

Date

