

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