

MOROCCO VOLUNTEER FIRE DEPARTMENT

APPLICATION FORM

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
LAST, FIRE MIDDLE

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SPOUSES NAME IF MARRIED \_\_\_\_\_

CHILDREN: NO \_\_\_\_\_ YES \_\_\_\_\_ CHILDRENS NAMES/AGES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYERS ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

EMPLOYERS PHONE NUMBER: \_\_\_\_\_

ARE YOU AS US CITIZEN ABLE TO WORK IN THE STATE OF INDIANA: NO \_\_\_\_\_ YES \_\_\_\_\_

WHY DO YOU WANT TO JOIN THE FIRE DEPARTMENT?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY PHYSICAL OR MENTAL DISABILITIES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOROCCO FIRE FIGHTER REFERENCES (NAMES):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL/PROFESSIONAL REFERENCES (NAMES/PHONE NUMBERS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY SPECIALIZED TRAINING THAT YOU HAVE THAT WILL ASSIST YOU IF SELECTD TO JOIN THE MOROCCO  
FIRE DEPARTMENT. NO \_\_\_\_\_ YES \_\_\_\_\_ (LIST)  
\_\_\_\_\_  
\_\_\_\_\_

The Morocco Volunteer Fire Department is an equal opportunity employer.  
By signing the application, the applicant attests to the validity of the application and consents to pre-employment and random chemical (e.g. drug/alcohol) testing).

ATTESTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

For Office Use Only: Application Read Date: \_\_\_\_\_  
Accepted as Member Date: \_\_\_\_\_  
Application Retained on File Date: \_\_\_\_\_