

MORRISTOWN FIRE DEPARTMENT
Operations Chief Application



EMPLOYMENT APPLICATION
FOR THE POSITION OF
OPERATIONS CHIEF
2025

Applicant's Name (printed)

I verify that the information contained on this Application is true and correct to the best of my knowledge and belief and agree to the terms contained herein.

Applicant's Signature

Date

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CONSENT TO RELEASE INFORMATION

In consideration of the acceptance of my application for employment with the Morristown Fire Department (the "Department") the undersigned agrees to assist and cooperate with the Department and any representative thereof in obtaining the following information: birth certificate, education records, employment records, credit records, medical records, criminal history, driving records, residency checks, character references and Fire and EMS Certifications, and hereby authorize and request that all persons to whom this consent (copy or original) is presented having information relating to or concerning me, furnish any duly appointed officer or individual of the Department with such information.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law rights and privileges, and I expressly waive all privileges which may attach to such disclosure and shall hold no individual, organization, or other entity liable for disclosing any of the above information to the Department or its representatives. I also understand that misrepresentation or falsification of information on this or any other document which is part of the Department's application process, or failure to assist and fully cooperate with the Department in obtaining the above requested information, will be cause for disqualification from consideration for employment, or if not found until after employment with the Department, will be grounds for termination of that employment. Consequently, I authorize the investigation of all statements contained in my Application.

Further, I understand that I must provide the Department with photocopies of the following:

- 1) Proof of high school diploma or its equivalent
- 2) Valid Driver's license
- 3) Copy of Driving Record (<https://www.in.gov/bmv/resources/driver-record/>)
- 4) Official birth certificate
- 5) Licenses/Certifications of all EMS and fire training (**Acadis Portal print out preferred**)
- 6) Discharge (DD-214 Form) from military service (if applicable)
- 7) Social Security Card
- 8) College or Trade School diploma, if applicable
- 9) Other documents as required

I also acknowledge that my present and all former employers may be contacted about my employment record and may release all information in my personnel files.

Signature of Applicant

Date

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APPLICANT INFORMATION

PERSONAL HISTORY:

Applicant's Name: _____
Last First Middle Suffix

Date of Birth: _____
MM / DD / YYYY

Are you a U.S. Citizen: ☐ Yes ☐ No

Public Safety Identification #: _____ - _____

Social Security #: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Place of Birth: _____
City and State

Current Mailing Address: _____

E-mail Address: _____

Notify the Chief at sedavis@morristown.in.gov if your email address changes

Preferred Contact Number: _____ Cell phone? ____ yes ____ no

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EDUCATION:

List schools attended:

Name of School	City/State	Years Attended (from/to)	Degree/Diploma Obtained
High School			
High School			
College			
College			
Graduate School			
Technical School			
Technical School			
Other:			

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EMPLOYMENT / HISTORY:

List chronologically, starting with your most current, all volunteer, full/part-time employment.

May we contact your present employer? ☐ Yes ☐ No

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
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Reason for leaving:

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
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Reason for leaving:

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
---------------------------	------------

Reason for leaving:

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
---------------------------	------------

Reason for leaving:

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
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Reason for leaving:

Dates:	Position held:	Supervisor:
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Employer Name & Location:	Contact #:
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Reason for leaving:

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Employment / History - continued

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

Dates: _____ Position held: _____ Supervisor: _____

Employer Name & Location: _____ Contact #: _____

Reason for leaving: _____

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CHARACTER REFERENCES: (List 3 references - references may not be a relative)

Name

Phone Number

Email Address

Mailing Address

Your relationship to this person: _____

How long have you known this person? _____

Name

Phone Number

Email Address

Mailing Address

Your relationship to this person: _____

How long have you known this person? _____

Name

Phone Number

Email Address

Mailing Address

Your relationship to this person: _____

How long have you known this person? _____

ADDITIONAL INFORMATION – Page 1[illegible]

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Education Check Sheet

Name: _____

Firefighter I /II: YES _____ NO _____

FOST: YES _____ NO _____

Fire Officer I: YES _____ NO _____

Instructor I: YES _____ NO _____

EMS Certification: EMT-B _____ EMT-A _____ EMT-P _____ N/A _____

Employed by Career Department: YES _____ NO _____ Number of years _____

Fire Department: _____

Check the following college degrees you have and attach them to this sheet:

____ Associate's Degree

____ Bachelor's Degree

Check the following experience you have and attach them to this sheet:

____ More than 10 years as a volunteer firefighter

____ More than 5 years as a full time firefighter

Attach a print out of your Acadis Portal record as well

Attach photocopies, not originals

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Applications will be accepted 1/20/2025 – 3/1/2025

Applications may be returned:

- In person at: Morristown Town Hall
418 W Main St, Morristown, IN
- Mailed to: Morristown Fire Department
P.O.Box 326, Morristown, IN 46161
- Emailed to Chief Davis at
sedavis@morristown.in.gov

MVFD Office Use Only

Date & time application received at MVFD
or postmark date.

Name of person receiving application