FIREFIGHTER AND FIRST RESPONDER EMPLOYMENT APPLICATION

PLEASE PRINT:		DATE:		
Name:		Driver's License No		
Address:		Social Security No		
City or Township:		Date of Birth		
Phone No. (Home)		Position applying for:		
Phone No. (Work)		Firefighter		
Make of Vehicle		Medical First Responder		
Model of Vehicle		Both Positions		
Employer:		High School Diploma or GED?	(Yes)	(No)
Normal Work Hours:	· · · · · · · · · · · · · · · · · · ·	Agree to a physical exam?	(Yes)	(No)
Can you leave work?	(Yes) (No)	Agree to driving record check?	(Yes)	(No)
Work weekends?	(Yes) (No)	Agree to criminal record check?	(Yes)	(No)
Were you ever convicted of a FELONY OR MISDEMEANOR	(Yes) (No)	Email		
Emergency Contact:		Name of physician:		
Phone No:	· · · · · · · · · · · · · · · · · · ·	Phone No:		
Distance from your home to you	r assigned statio	on:		
Department :		the		
Any impairments (physical, ment department duties (Yes) (No).	· ·	et would prevent you from performing	j fire	

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree that if accepted for membership on the fire department I will obey all policies and procedures of the municipality, fire department, and all applicable statues of the state of Michigan. I understand that membership on the fire department is on an at-will basis, and may be terminated by the municipality for any reason.

Interviewed by:_____

Applicant Signature :_____

Fire Station Assigned:	
OFFICE USE ONLY:	
Date Application received:	Date Reviewed:
Approved YES () NO ()	
Reasons:	
Notes/Restrictions:	