

Berlin Charter Township

8000 Swan View • Newport, MI 48166 • (734) 586-2187 • Fax (734) 586-8900



FIREFIGHTER & FIRST RESPONDER EMPLOYMENT APPLICATION

Please Print

Date: _____

Name: _____ Driver's License No.: _____

Address: _____ Social Security No.: _____

City & Zip: _____ Date of Birth: _____

Cell Phone No.: _____ Home Phone No.: _____

Email: _____

Make & model of vehicle: _____

Employer: _____

Normal Work hours: _____ Agree to a physical exam: Yes No

High School Diploma or GED Yes No Agree to driving record check: Yes No

Were you ever convicted of a
felony or misdemeanor: Yes No Agree to driving record check: Yes No

Emergency contact: _____ Name of Physician: _____

Phone No.: _____ Phone No.: _____

The reason(s) I am applying for membership in the Berlin Fire Department:

Any impairments (physical, mental, or other) that would prevent you from performing fire department
Duties (Yes) (No). If "Yes" please explain:

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 statutes of the state of Michigan. I understand that membership on the fire department is on at-will basis, and may be terminated by the municipality for any reason.

Applicant Signature: _____

Interviewed by: _____

Fire Station Assigned: _____

OFFICE USE ONLY:

Date Application received: _____ Date Reviewed: _____

Approved: YES (☐) NO (☐)

Reasons: _____

Notes/ Restrictions: _____