

Inland Township Fire Department

Application for Fire Fighter

19668 Honor Hwy.
Interlochen, Michigan 49643

Date _____
Driver License #: _____ Social Security #: _____

Last Name _____ First Name _____ Middle Name _____

Present Address: _____ Length of Time _____

Phone (Home): _____ Date of Birth: _____

Phone (Work): _____

If less than 2 years at above address, please complete the following:

Prior Address: _____ Length of Time _____

Availability:

I am available to respond to alarms during the:

Day _____ during the hours of _____

Evening _____ during the hours of _____

Weekends _____ during the hours of _____

Education: (List name of school, last grade completed or degree earned.)

High School _____

College _____

Other _____

Military Experience:

Are you an Armed Forces Veteran? Yes [] No []

Branch of Service _____ Type of Discharge _____

References: (List 4 that have known you at least two years and are not related to you.)

Name

Current Address

Phone #

Are you currently under indictment for a felony warrant? Yes [] No []

Have you ever been convicted of a felony? Yes [] No []

If yes, give: Charge _____ Court _____ Date _____

Penalty imposed _____

Number of traffic tickets received (not parking tickets) in the last 5 years: _____

Do you currently have a Michigan drivers license which has no restrictions? Yes [] No []

Has your driver's license ever been suspended or revoked? Yes [] No []

Have you ever been involved in an accident? Yes [] No [] If yes, how many times? _____

Were you judged at fault in any accident? Yes [] No [] If yes, how many time? _____

Give the reason or reasons why you would like to become a firefighter?

Do you have any impairment, (physical, mental or other) that would prevent you from performing any fire department duties? Yes [] No [] If yes, please explain:

Employment History

Current Employer:

Name _____ Length of Employment _____
Address _____
Name of Supervisor _____ Phone # _____
Type of Work _____
Work Hours _____ Shift _____ Days _____

Previous Employer:

Name _____ Length of Employment _____
Address _____
Name of Supervisor _____ Phone # _____
Type of Work _____

Previous Employer:

Name _____ Length of Employment _____
Address _____
Name of Supervisor _____ Phone # _____
Type of Work _____

Where you ever subject to **disciplinary** action in connection with any employment?
Yes [] No [] If yes, give details:

ABILITY TO PERFORM JOB FUNCTIONS:

Are you able to perform the following tasks with or without accommodation?
Climbing _____ Wearing of Breathing Apparatus _____ Lift 50 lbs. _____

TRAINING AND SKILLS:

List any training or skills which you feel would be an asset to the Fire Department:

CURRENT STATE CERTIFICATIONS:

FF I: Yes No **FF II:** Yes No **MFR:** Yes No **EMT-B:** Yes No

List any other State licenses held that you feel would be an asset to the Fire Department:

EQUAL EMPLOYMENT OPPORTUNITY

The Inland Township Fire Department is an equal opportunity employer and does not discriminate on the basis of religion, race, color, national origin, age, sex, pregnancy, height, weight, marital status or disability in compliance with state and federal law.

AUTHORITY TO RELEASE PERSONAL INFORMATION

I hereby state that the information provided above is accurate, therefore I authorize the investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the Inland Township Fire Department and, including but not limited to, attendance records, rating forms, written or verbal evaluations, and academic transcripts. I understand that misrepresentation or omission of facts called for on this application is cause for rejection and or dismissal.

I hereby understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.11011, *etc. Seq.*, I must notify the Township in writing of the need for a handicap accommodation within 182 days of the date I knew or should have known that an accommodation was needed.

I further agree that if hired I will uphold the standards and abide by the SOP's/SOG's of the Inland Township Fire Department. I also understand that with this job I will be asked to perform duties that are inherently hazardous by nature. I also understand that I will be required to undergo rigorous training and continuous education as a condition of employment and that all employment is on an at-will basis.

Signature _____ Date _____

AUTHORITY TO INVESTIGATE PERSONAL INFORMATION

I herby authorize the Inland Township Fire Department to conduct an investigation into my background including criminal history, driving record, previous employment, educational background, medical history, and to conduct any other investigation that it deems appropriate.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish you with all information it may have pertaining to me. I herby release the Inland Township Fire Department, such custodians and any law enforcement agency, judicial officer or any other individual from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.

My full name (please print clearly):

Address:

(Number and street)

(City, State, and Zip Code)

Date of Birth: _____

Driver License #: _____

Social Security #: _____

I herby give permission for the release of any and all information as may be deemed necessary by the Inland Township Fire Department.

(Type or print full name)

_____ Date _____

(Signature)

_____ Date _____

(Witness Signature)

I, the undersigned, authorize the Department of State Police, Central Records Division, to conduct a criminal history file check by name and identifiers to determine the existence of any activity resulting in conviction and furnish a response to the Inland Township Fire Department.

Signed: _____

Date: _____

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____