



APPLICATION FOR FIRE FIGHTER

**6565 County Rd 612 N.E.
Kalkaska MI 49646
231-258-2107**

DATE _____

DRIVER LICENSE #: _____ SOCIAL SECURITY #: _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

PRESENT ADDRESS: _____ LENGTH OF TIME _____

(number and street)

(city, state and zip)

PHONE (HOME): _____ DATE OF BIRTH: _____

PHONE (WORK): _____

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

PRIOR ADDRESS: _____ LENGTH OF TIME _____

(number and street)

(city, state and zip)

AVAILABILITY:

I am available to respond to alarms during the (check one)

Day _____ evening _____ ;during the hours of _____

EDUCATION: (List name of school and last grade completed.)

Grade School _____

High School _____

Other _____

MILITARY EXPERIENCE:

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

Branch of Service _____ Rank _____

Type of Discharge _____

REFERENCES: List four mature responsible persons who are well acquainted with you other than relatives.

| <u>Name</u> | <u>Current Address</u> | <u>Phone Number</u> |
|-------------|------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 _____

Have you ever been arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere, or were you ever investigated by a law enforcement or governmental agency?

Yes [] No [] If yes, give details on a separate sheet, If yes, how many times? _____

Number of traffic tickets received (excluding parking tickets) you have received in the last five (5) years: _____

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? _____

Were you judged at fault in any accident? Yes [] No []

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 _____

PREVIOUS EMPLOYER:

Name _____ Length of Employment _____

Address _____

Name of Supervisor _____ Phone _____

Were 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 _____

TRAINING AND SKILLS:

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

AUTHORITY TO RELEASE PERSONAL INFORMATION

I authorize investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the Coldsprings-Excelsior Fire & Rescue Volunteer Dept. 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.

I further understand that to benefit from the protections of the Michigan Handicappers' Civil Rights Act, MCL 37.11011, etc. Seq., I must notify the Townships 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.

SIGNATURE _____ DATE _____

AUTHORITY TO INVESTIGATE PERSONAL INFORMATION

I hereby authorize the Coldsprings-Excelsior Fire & Rescue Department to conduct 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 officer or other appropriate persons to furnish with all information it may have pertaining to me. I hereby release the Coldsprings-Excelsior Fire & Rescue 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 be which is obtained during said investigation.

MY FULL NAME (please print):

ADDRESS

(number and street)

(city, state and zip code)

DATE OF BIRTH: _____

DRIVER LICENSE NO: _____

SOCIAL SECURITY NO: _____

I hereby give permission to for the release of any and all information as may be deemed necessary by the Coldsprings-Excelsior Fire & Rescue Department.

_____ (Type or print full name)

_____ (Signature) _____ (Date)

(Witness Signature)

(Date)

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 arrest resulting in conviction and furnish a response to the Coldsprings-Excelsior Volunteer Fire & Rescue Dept.

Signed: _____

Date: _____

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____