

**FIREFIGHTER AND FIRST RESPONDER  
EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

PLEASE PRINT

Name: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_

City or Township \_\_\_\_\_

Date of birth (if under 18) \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_

Phone No. (Work) \_\_\_\_\_

Position applying for:

Firefighter \_\_\_\_\_

Medical First Responder \_\_\_\_\_

Both positions \_\_\_\_\_

Employer \_\_\_\_\_

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 history check? (Yes) (No)

**YOU MUST HAVE A HIGH SCHOOL DIPLOMA OR GED TO APPLY.**

Emergency contact \_\_\_\_\_

Name of physician \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Distance from your home to your assigned station \_\_\_\_\_

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

---

---

Any impairments (physical, mental, or other) that would prevent you from performing fire department duties (Yes) (No) If "Yes" please explain. You must be able to read and complete a Final Examination for Fire and First Responders.

---

---

Any Felonies (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, if employed by 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 employment with the fire department is at-will and may be terminated by the municipality for any reason.

Applicant Signature \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Approved by Fire Chief : \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
Date application received _____	Date reviewed _____
Approved    YES ( )    NO ( )	
Reasons _____	
_____	
_____	
Notes/Restrictions _____	
_____	
_____	
Background check performed by: _____	Date _____
Approved by: _____	Date _____
Township Board Official	