

**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)

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.

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.

Applicant Signature _____

Interviewed by: _____

Fire Station assigned: _____

OFFICE USE ONLY	
Date application received _____	Date reviewed _____
Approved YES () NO ()	
Reasons _____	

Notes/Restrictions _____	

Background check performed by: _____	Date _____
Approved by: _____	Date _____