

# 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) \_\_\_\_\_

Position Applying for:

Phone No. (work) \_\_\_\_\_

Firefighter \_\_\_\_\_

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

Both Positions \_\_\_\_\_

Make and Model of Vehicle \_\_\_\_\_

Employer \_\_\_\_\_

Normal work hours \_\_\_\_\_

Agree to 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 a membership in the Ingham Township Fire and Rescue.

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

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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 statues of the State of Michigan. I understand that membership on the fire department is on an at-will basis and may be terminated by the municipality fro any reasons.

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 \_\_\_\_\_

## APPLICANT RELEASE FORM

I, \_\_\_\_\_, presently residing at \_\_\_\_\_

\_\_\_\_\_ hereby apply for membership/employment with the

Ingham Township Fire and Rescue Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and /or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/ or firms who may have information regarding my credit history, employment history, and/or financial standing: present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Department. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I further consent that the Chief of the Department or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained therefrom.

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

\_\_\_\_\_  
Date