ALGOMA TOWNSHIP FIRE DEPARTMENT

10820 Edgerton Ave NE Rockford, Michigan 49341
P. 616.866.2607 Email: firechief@algomatwp.org

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE #	SECONDARY PHONE #	REFERRED BY	
DRIVERS LICENSE #	DRIVERS LICENSE TYPE	DRIVERS LICENSE STATE	

EMPLOYMENT DESIRED:

POSITION PAID ON-CALL FIREFIGHTER	DATE YOU CAN START	SALARY DESIRED $22.65 / hr.
ARE YOU EMPLOYED NOW? ☐ YES ☐ NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ☐ YES ☐ NO
HAVE YOU EVER APPLIED TO THIS DEPARTMENT BEFORE? ☐ YES ☐ NO	WHEN?	

EDUCATION AND TRAINING:

HIGH SCHOOL NAME	YEARS ATTENDED	COLLEGE NAME	YEARS ATTENDED
TRADE SCHOOL NAME	YEARS ATTENDED	COLLEGE/TRADE SUBJECT MAJORED IN	DEGREE? ☐ YES ☐ NO
HAVE YOU BEEN A MEMBER OF A FIRE DEPARTMENT BEFORE? ☐ YES ☐ NO		IF YES, WHERE?	
MAY WE CONTACT YOUR PREVIOUS CHIEF? ☐ YES ☐ NO		CHIEF'S NAME AND PHONE #	
FIRST-AID CPR/AED CERT? ☐ YES ☐ NO	DATE RENEWED?	☐ MFR ☐ EMT-B ☐ PARAMEDIC	DATE RENEWED?
FIREFIGHTER 1 AND 2? ☐ YES ☐ NO	DATE CERTIFIED?	HAZMAT OPS CERT? ☐ YES ☐ NO	DATE CERTIFIED?
FIRE INSTRUCTOR CERT? ☐ YES ☐ NO	DATE RENEWED?	☐ OFFICER 1 AND 2 ☐ OFFICER 3	DATE CERTIFIED?

GENERAL INFORMATION:

SPECIAL TRAINING			
SPECIAL SKILLS			
U.S. MILITARY OR NAVAL SERVICE? ☐ YES ☐ NO		YEARS OF SERVICE	RANK

AVAILABILITY:

HOURS AVAILABLE TO RESPOND TO EMERGENCY CALLS? ☐ 0700-1600 ☐ 1500-2200 ☐ 2100-0700 ☐ 0500-1700 ☐ 1700-0500
ARE YOU ABLE TO ATTEND FIRE AND EMS TRAININGS ON THE FIRST AND THIRD MONDAY OF EACH MONTH? ☐ YES ☐ NO

REFERENCES:

PLEASE LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR INCLUDING AT LEAST ONE CO-WORKER

1. NAME	ADDRESS	RELATIONSHIP	PHONE #
2. NAME	ADDRESS	RELATIONSHIP	PHONE #
3. NAME	ADDRESS	RELATIONSHIP	PHONE #

EMPLOYMENT HISTORY:

PLEASE LIST MOST RECENT EMPLOYER FIRST. COMPLETE EMPLOYMENT HISTORY WITHIN THE PAST TEN YEARS REQUIRED.

1. NAME OF EMPLOYER	STARTING DATE	LEAVING DATE
ADDRESS		JOB TITLE
PHONE NUMBER	NAME & TITLE OF SUPERVISOR	SALARY
REASON FOR LEAVING?		
2. NAME OF EMPLOYER	STARTING DATE	LEAVING DATE
ADDRESS		JOB TITLE
PHONE NUMBER	NAME & TITLE OF SUPERVISOR	SALARY
REASON FOR LEAVING?		
3. NAME OF EMPLOYER	STARTING DATE	LEAVING DATE
ADDRESS		JOB TITLE
PHONE NUMBER	NAME & TITLE OF SUPERVISOR	SALARY
REASON FOR LEAVING?		
4. NAME OF EMPLOYER	STARTING DATE	LEAVING DATE
ADDRESS		JOB TITLE
PHONE NUMBER	NAME & TITLE OF SUPERVISOR	SALARY
REASON FOR LEAVING?		

AUTHORIZATION:

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS CORRECT AND I HAVE NOT OMITTED ANY INFORMATION. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE THE SCHOOLS, REFERENCES, AND MY PRIOR EMPLOYERS LISTED ABOVE TO PROVIDE MY RECORDS, AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME AND I RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY CLAIMS FOR DAMAGE WHATSOEVER THAT MAY RESULT THEREFROM.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVENT FEDERAL & STATE LAWS.

SIGNATURE: _____ DATE: _____

(FOR FIRE DEPARTMENT USE ONLY)

INTERVIEWED BY: _____ **DATE:** _____

REMARKS: _____

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