



Application for Employment

Lyon Township Fire Department

58800 Grand River Avenue, New Hudson, MI 48165

Ph: 248-486-3775 Fax: 248-486-8884

www.lyontwp.org

Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

Date: _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell# _____ Work# _____

Email address _____

Position(s) applied for: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 years of age or older? Yes No

Can you provide proof of eligibility for employment in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment)

EDUCATION

High School _____ City/State _____

From _____ to _____ Did you graduate? Yes No

College _____ City/State _____

From _____ to _____ Did you graduate? Yes No Degree _____

Other _____ City/State _____

From _____ to _____ Did you graduate? Yes No Degree _____

EXPERIENCE

Do you have any of the following qualifications? FF2 EMT EMT-P

License Current? Yes No

What date would you be available to start? _____ What hours are you available? _____

Do you have a valid Driver's License? Yes No Do you have a valid CDL? Yes No

License Number: _____ Expiration _____ State _____

(Proof of CDL status will be required upon employment)

Has your Driver's License ever been suspended or revoked? Yes No

Have you ever been convicted of anything other than minor traffic violation? Yes No

Do you have any felony charges pending against you? Yes No

If you answered yes to either of the above, please provide dates, places, charges & disposition of convictions:

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ to _____ Reason for Leaving _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ to _____ Reason for Leaving _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ to _____ Reason for Leaving _____

REFERENCES

Full Name _____ Relationship _____ Phone _____

Full Name _____ Relationship _____ Phone _____

Full Name _____ Relationship _____ Phone _____

MILITARY SERVICE

Branch _____ From _____ To _____ Rank at Discharge _____

Type of Discharge _____

APPLICANT'S STATEMENT

PLEASE READ THE INFORMATION BELOW CAREFULLY AND ENSURE THAT YOU UNDERSTAND IT IN ITS ENTIRETY PRIOR TO SIGNING BELOW.

I affirm that the information provided on this application (and any accompanying resume or notes) is true and complete. I also agree that any false information, misrepresentations, or omissions - either oral or written - may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize the Charter Township of Lyon to investigate all statements contained in this application, and to obtain the records related thereto including those from the educational institution(s) that I have attended, my current or former employers, criminal history from law enforcement agencies, and other references or sources concerning me. I authorize all such references and sources (and the Charter Township of Lyon) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Charter Township of Lyon.

I also understand that if I have a protected disability that affects my ability to do the job I seek I may ask the Charter Township of Lyon to attempt to make a reasonable accommodation for it. I must make my request **in writing** to the Personnel Department as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

Should I receive a conditional offer of employment, I give my consent for the Charter Township of Lyon, through an authorized testing service of its choice, to collect blood, urine, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, provided that such testing is conducted in accordance with all applicable local, State, and Federal laws and in compliance with the Constitution of the United States. I release the Charter Township of Lyon from any liability arising out of such test or its results.

If I am accepted for employment I consent to be tested in the above manner during my employment where lawful and appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Township's substance abuse policy and the applicable Collective Bargaining Agreement is a condition of my employment.

Employment is conditional upon favorable results of professional references, verification of eligibility for employment in the United States, verification of technical certification and signing consent with the Charter Township of Lyon. I understand and agree that the terms and conditions of employment may be altered by the Charter Township of Lyon at any time with or without cause or notice.

I understand that all non-union employees of the Township are employed on an indefinite basis and are subject to termination at any time, with or without notice, discipline, or warning, for any or no reason. No person other than the Township Supervisor has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the Township Supervisor.

Signature of Applicant

(This application is valid for 90 days. If you wish to be considered for employment after this time, you must reapply.)