APPLICATION



FRANKENLUST TOWNSHIP FIRE DEPARTMENT FIREFIGHTER / MEDICAL FIRST RESPONDER

PERSONAL INFORMATION

Name:			
Address:			
Home Phone Number:			
Mobile Phone Number: Provider:			
Email:			
Driver's License #:			
Social Security #:			
Date of Birth:			
Vehicle: Make: Year:			
EMPLOYMENT			
EMPLOTWENT			
Employer:			
Address:			
Work Phone Number:			
Normal Work Hours:			
Typical Work Hours: (circle) Days Nights Weekends Holidays			
Can you leave work for calls: Yes No			

EMERGENCY CONTACT

	ame:
A	ddress:
Н	ome Phone Number:
M	obile Phone Number:
	EDUCATION
	High School Name:
	Address:
	Year Graduated:
	Education Beyond High School:
1. co	List all Fire Fighter courses / Medical licensure that have been completed and year mpleted (attach copies of certifications/licensure):
	List the name of any fire department on which you previously served with, years erved, and Chief's name:

3.	The reason I am applying for membership with Frankenlust Township FD is:
4.	Can you do this job with or without reasonable accommodations (list any):
Fra ch dis	ereby agree that the information provided above is accurate and I agree that ankenlust Township may verify such information, including conducting background ecks and obtaining a copy of my driving record and criminal history. I agree to the sclosure of such information to Frankenlust Township by any agency or person and lease any agencies or persons from any liability associated with such disclosure.
De De en	curther agree that if accepted for membership to the Frankenlust Township Fire epartment, I will obey all policies and procedures of the Township, the Fire epartment, and all applicable statues of the State of Michigan. I understand that apployment with the Township is on an at-will basis and may be terminated by the winship for any reason.
	Applicant's Signature:
	Date:

FRANKENLUST TOWNSHIP FIRE DEPARTMENT REFERENCE REQUEST

References

Please list three pe	ersonal references.				
Full Name:				Relationship:	
A				Phone:	
Comments:					
Full Name:				Relationship:	Marine Property - Company
Addrass				Phone:	
Comments					
Full Name:				Relationship:	
Address:				Phone:	
Comments:					
	Previous Employme			est	
Company:					
Addrace				Phone:	
Address.				Supervisor:	
Job Title:	Starting S	Salary:\$		Ending Salary:\$	
Responsibilities:			Magazinka kata mana masa sa mana sa ma		
	То:		4	Ę	
May we contact your	previous supervisor for a reference?	YES	NO		
Company:		**************************************		Phone	
Addross:				Phone:	
Addiess.				Supervisor:	
ob Title:	Starting S	alary:\$		Ending Salary:\$	
Responsibilities:					Photographic Albanday is single photographic
rom:	То:	Reason f	or Leaving:		
Azy we contact your	provious supervisor for a reference?	YES	NO		

Company:				Phone:
Address:				Supervisor:
Job Title:	Starting	g Salary:\$		Ending Salary:\$
Responsibilities:				
From:				
May we contact your pre	vious supervisor for a reference?	YES	NO	
	Milita	ry Service		
Branch:			From:_	To:
Rank at Discharge:		Type of Discharge:		
f other than honorable, e	explain:			
		and Signatu		
certify that my answers	s are true and complete to the be	est of my kno	wledge.	
f this application leads t nterview may result in n	o employment, I understand thany release.	it false or mis	leading info	ormation in my application or
Signature:				Date:



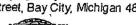
Troy R. Cunningham Sheriff Of Bay County

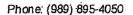
Christopher D. Mausolf Undersheilf

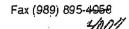
Troy A. Stewart Jali Administrator

	DATE:
,	TO:
	FROM:
	TRANSMITTING FAX # (989) 895-4007 RECORDS DIV.
	RECEIVING FAX #
	SUBJECT:
#	OF PAGES IN THIS (INCLUDING COVER SHEET)
COMMENTS_	₹
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IF THERE IS A PROBLEM WITH THIS TRANSMISSION CALL (989) 895-4050









Troy R. Cunningham Sheriff Of Bay County

Christopher D. Mausolf Undersheriff

> Troy A. Stewart Jair Administrator

WAIVER FOR CRIMINAL RECORD CHECK

thereby authorize the Bay County Sheriff's Office to investigate my past record and provide any information on same, releasing any person or persons whomsoever, from any damage because of furnishing said information.

Print Name:		
Date of Birth		mata anno amin'ny fivondronana
Drivers License		
Signature:		-
Date Signed:		***************************************
Witness:		MATERIAL PROPERTY OF PROPERTY

FRANKENLUST TOWNSHIP

Vehicle Operator Certification of Violations And Review Record

Name		Today's	Date
Home Street Address		City, St	ate, Zip Code
License Number State		State Driver's License Class (if CDL, note class and endors	
Location/Station ID Dis		strict Region	
A. Certification	on of Violations		
DATE OFFENSE		LOCATION TYPE OF VEHICLE OPERA	

A. Certification of Violations			
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
		_	

- 1. The above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.
- 2. If no violations are listed above, I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.
- I only possess one driver's license and it is from my state of residence.

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Signature	
Olghature	