



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: _____ Model: _____ Year: _____

EMPLOYMENT

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

Name: _____

Address: _____

Home Phone Number: _____

Mobile Phone Number: _____

EDUCATION

High School Name: _____

Address: _____

Year Graduated: _____

Education Beyond High School: _____

1. List all Fire Fighter courses / Medical licensure that have been completed and year completed (attach copies of certifications/licensure):

2. List the name of any fire department on which you previously served with, years served, 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):

I hereby agree that the information provided above is accurate and I agree that Frankenlust Township may verify such information, including conducting background checks and obtaining a copy of my driving record and criminal history. I agree to the disclosure of such information to Frankenlust Township by any agency or person and release any agencies or persons from any liability associated with such disclosure.

I further agree that if accepted for membership to the Frankenlust Township Fire Department, I will obey all policies and procedures of the Township, the Fire Department, and all applicable statues of the State of Michigan. I understand that employment with the Township is on an at-will basis and may be terminated by the Township for any reason.

Applicant's Signature:

Date:

FRANKENLUST TOWNSHIP FIRE DEPARTMENT REFERENCE REQUEST

References

Please list three personal references.

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Comments: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Comments: _____

Full Name: _____ Relationship: _____
Address: _____ Phone: _____
Comments: _____

Previous Employment/Reference Request

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Troy R. Cunningham
Sheriff Of Bay County

Christopher D. Mausolf
Undersheriff

Troy A. Stewart
Jail Administrator

DATE: _____

TO: _____

FROM: _____

TRANSMITTING FAX # (989) 895-4007 RECORDS DIV.

RECEIVING FAX # _____

SUBJECT: _____

OF PAGES IN THIS (INCLUDING COVER SHEET): _____

COMMENTS _____

IF THERE IS A PROBLEM WITH THIS TRANSMISSION CALL (989) 895-4050



4007



Troy R. Cunningham
Sheriff Of Bay County

Christopher D. Mausolf
Undersheriff

Troy A. Stewart
Jail Administrator

WAIVER FOR CRIMINAL RECORD CHECK

I hereby 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 _____

Drivers License _____

Signature: _____

Date Signed: _____

Witness: _____



FRANKENLUST TOWNSHIP

Vehicle Operator Certification of Violations
And Review Record

Name		Today's Date
Home Street Address		City, State, Zip Code
License Number	State	Driver's License Class (if CDL, note class and endorsements)
Location/Station ID	District	Region

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.

3. I only possess one driver's license and it is from my state of residence.

Signature