FRANKENLUST TOWNSHIP FIRE DEPARTMENT APPLICATION Application Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colsp

Telephone #:	
Normal Work Hrs.:	
Car Make/Model:	Year Built:

Do you work weekends? (circle)	YES	NO
Can you leave work? (circle)	YES	NO
I agree to have my driving record checked: (circle)	YES	NO
I agree to have a criminal history check completed: (circle)	YES	NO

In case of emergency contact:	Relationship	
Emergency Day Time Phone #:		
Emergency Evening Phone #:		
Physician's Name:		
Physician's Phone #:		

 List all previous fire fighter courses you have completed: ______ 2. List the name of any fire department on which you previously served together with the years served and your supervisor. 3. The reason I am applying for membership on this fire department is _____ Can you do this job with or without reasonable accommodations?

I hereby agree that the information provided above is accurate and I agree that the fire department 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 the fire department by any agency or person and release any agencies or person from any liability connected with such disclosure.

I further agree that if accepted from membership on the fire department, I will obey all policies and procedures of the township, the fire department and all applicable statutes 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 township for any reason.

Applicant's Signature

Today's Date