APPLICATION

FRANKENLUST TOWNSHIP FIRE DEPARTMENT

FIREFIGHTER / MEDICAL FIRST RESPONDER

PERSONAL INFORMATION

Name: _____

Address: _____

Mobile Phone Number: _____ Provider: _____

Email: _____

Driver's License #: _____

Social Security #: _____

Date of Birth: _____

Vehicle - Year: _____ Make: _____ Model: _____

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: _____ Relationship: _____

Address: _____

Mobile Phone Number: _____

EDUCATION

High School Name: _____

Address: _____

Year Graduated: _____

Education Beyond High School: _____

_____

_____

REFERENCES

Please list three personal references:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

PREVIOUS EMPLOYMENT

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ From _____ To _____

Responsibilities: _____

Reason for leaving _____

May we contact your previous employer ☐ Yes ☐ No

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ From _____ To _____

Responsibilities: _____

Reason for leaving _____

May we contact your previous employer ☐ Yes ☐ No

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ From _____ To _____

Responsibilities: _____

Reason for leaving _____

May we contact your previous employer ☐ Yes ☐ No

MILITARY SERVICE

Branch: _____ From _____ To _____

Rank at discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

FIRE SERVICE

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

_____

_____

_____

List the name of any fire department on which you previously served with, years served, and Chief's name:

_____

_____

_____

The reason I am applying for membership with Frankenlust Township FD is:

_____

_____

_____

Can you do this job with or without reasonable accommodations (list any):

_____

_____

_____

AUTHORIZATION & SIGNATURE

I hereby agree that the information provided is accurate and complete to the best of my knowledge. 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.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Frankenlust Township and it's designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to , the following areas: verification of Social Security number; current and previous residences, employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Frankenlust Township or it's designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

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.

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

_____

Printed name:

_____

Applicant's Signature:

_____

Date:

Troy R. Cunningham
Sheriff Of Bay County

Christopher D. Mausolf
Undersheriff

Troy A. Stewart
Jail Administrator

WAIVER FOR LOCAL RECORDS 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 _____

Signature _____

Date Signed _____

Witness _____

Return to: Bay County Sheriff's Office
Records Division
Fax# 989-895-4007

PERSON SENDING REQUEST OR AUTHORIZING RECORDS CHECK BY BAY COUNTY SHERIFF'S OFFICE. (Must be filled out in order to receive any information back).

Print name _____

Signature _____

Phone Number _____

Fax Number _____

Email _____