



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 above 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.

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.

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 _____

Phone: (989) 895-4050

Public Safety Depends On You!
503 Third Street, Bay City, Michigan 48708

Fax (989) 895-4058

