



ADRIAN TOWNSHIP FIRE DEPARTMENT

Employment Application

PLEASE PRINT

Date: _____

Name (First, Middle, Last): _____ Driver's License No. _____

Address: _____ Social Security No. _____

City: _____ Zip Code: _____ Date of Birth: _____

Contact No. () _____ Email Address: _____

Position applying for: Firefighter-EMT Emergency Medical Technician

Current Certifications / Licensure: Firefighter Emergency Medical Technician

Other _____

Current Employer: _____ Normal work hours: _____

Please answer the following:

Be on call during the week and weekends? Yes / No Emergency Contact: _____

Agree to a physical exam? Yes / No Contact No. _____

Have a clean criminal / driving record? Yes / No If no, please explain:

List 3 references and contact information:

- 1.
- 2.
- 3.

The reason(s) you are applying for membership in the Adrian Township Fire Department:

APPLICANT RELEASE FORM

I, _____ presently residing at _____

Hereby apply for employment with the Adrian Township Fire Department. I have been advised and am fully aware that the department fire chief will be conducting a thorough investigation of my background to assist in determining suitability for this employment. I realize that while conducting this background investigation, representatives will be making inquiries of the following personal institutions:

School Officials and Records

Physicians and/or other persons who may have examined you for any physical or other types of illness or injury.

Police and/or Court Records with whom I may have an arrest or conviction record.

Credit Bureaus and/or forms who have information regarding your credit, employment and financial history.

Present and previous employers; and any other persons who may be able to provide information about you which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the department. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I further consent that the Chief of the Department be provided with a copy of any such records concerning me which they desire.

I hereby give my consent to the department or it's designee to perform a test of blood and or urine to determine possible usage of illegal / prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and / or my agent the names of such confidential sources and information obtained there from.

Signature of Applicant

Date