

FORSYTH TOWNSHIP FIRE DEPARTMENT

186 W. Flint St., PO Box 1360

Gwinn, MI 49841

(Application will be kept on file for six (6) months)

Please print

First Name	Middle Name	Last Name
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Current Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone
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Current Employer

Employer Address	City	State	Zip
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Married	Spouse Name	<i>(if applicable)</i>
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In Case of Emergency Notify	Address	Phone
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Do you possess a valid Driver's License: Yes No State of MI: Yes No

Do you possess any special knowledge of skills which you feel would be an asset to this department? Yes No

If yes, please explain: _____

If you answer NO to any of the questions below, please explain. Use back if necessary.

Are you at least 21 years of age?	Yes	No
Do you reside in Forsyth Twp. Or live on KI Sawyer?	Yes	No
Are you willing to attend the required state training program?	Yes	No
Are you willing to attend all Departments monthly functions?	Yes	No
Are you in good physical and mental health?	Yes	No
Are you willing to submit to a physical at any time?	Yes	No
Are you willing to submit to a drug test at any time?	Yes	No

If you answer YES to any of the following question, please explain. Use back if necessary.

Do you have any objection to us contacting any former employers?	Yes	No
Do you object to a background investigation?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Are there any pending felony charges against you?	Yes	No
Have you ever been arrested for drunk or driving while impaired?	Yes	No
Have you ever been arrested for a drug related offense?	Yes	No
Have you ever been convicted for a drug related offense?	Yes	No
Have you ever used another name?	Yes	No
Do you possess a Michigan Firefighter I or II certification?	Yes	No
<i>If YES, what year were you certified</i>		
<i>If YES, can you produce a copy of your state certificate?</i>	Yes	No
Are you a certified firefighter from another state?	Yes	No
<i>If YES, what year were you certified?</i>		
<i>If YES, are you willing to attend Michigan's Training Program?</i>	Yes	No

EDUCATION

High School or GED

School Name City State Zip

Circle highest grade completed: 9 10 11 12

Years of attendance: From _____ To: _____ Did you graduate? _____

Faculty References:

1. _____

2. _____

College, University, Technical School

School Name City State Zip

Years of attendance: From _____ To: _____ Did you graduate? _____

Circle type of degree: Certificate Associates Bachelors Masters PhD.

Degree Name _____

Faculty References:

1 _____

2 _____

Military Service

Were you in the U.S. Armed Forces? _____ Branch _____

Yes No

From: _____ To _____ Are you currently in the Reserves? _____

Yes No

Current Status _____ Reserve Status _____

Type of Discharge _____ Date of Discharge _____

Citations or Awards _____

Positions held or Special Training: _____

EMPLOYMENT HISTORY

Please list employers for the past 10 years, listing the most recent first:

Name _____

Address _____

Dates of Employment _____

Position (s) Held _____

Name _____

Address _____

Dates of Employment _____

Position (s) Held _____

Name _____

Address _____

Dates of Employment _____

Position (s) Held _____

Name _____

Address _____

Dates of Employment _____

Position (s) Held _____

Name _____

Address _____

Dates of Employment _____

Position (s) Held _____

REFERENCES

Name _____

Address _____ Phone _____

City, State, Zip _____

Name _____

Address _____ Phone _____

City, State, Zip _____

Name _____

Address _____ Phone _____

City, State, Zip _____

I certify that the answers that appear on this application are complete and true. I hereby authorize Forsyth Township and/or its agents to verify any or all of the information provided on this application. In order to verify such information, I hereby authorize all persons, schools, companies, and law enforcement agencies to release any records or any other information they may possess relating to my qualifications for the position sought. I also release any individual, partnership or corporation which presently or formerly employed me, and school I attended, their officer, agents, and employees and any law enforcement agency from any liability or damage whatsoever, for issuing such information in good faith and with malice concerning my competences, ethics, character and other qualifications.

I realize that falsification or omission on any information on this application or during any interview, or receipt of a poor reference may result in rejection of my application of discharge at any time during my employment. I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification of omission of information in connection with any medical examination may result in rejection of my application or discharge at any time during my employment. I also understand that nothing in the application is intended to imply or create an employment relationship or contract for employment.

I will submit to any medical examination deemed necessary by Forsyth Township to evaluate my physical and mental fitness for employment. If employed I will submit to any physical or mental examination deemed necessary by Forsyth Township to determine my continued fitness to perform the duties of the job, or whenever such medical examination is required by State or Federal Law.

Signature of Applicant (DO NOT PRINT) Date

ADDITIONAL INFORMATION