



Leland Township Fire and Rescue Application/Personnel Record

Applying for: Part-Paid Volunteer Fire _____ Part-Paid Volunteer EMS _____
 Full-Time Duty Crew _____ Paid On-Call EMS _____
 Part-Time Duty Crew Pool _____ Other (specify): _____

LAST NAME FIRST MIDDLE HOME PHONE #

STREET ADDRESS CITY STATE ZIP CODE

Cell Phone # Email Address

HOW LONG AT PRESENT ADDRESS? ____ YEARS ____ MONTHS

PREVIOUS ADDRESS: _____

HOW LONG AT PREVIOUS ADDRESS? ____ YEARS ____ MONTHS

Employment

PROVIDE INFORMATION ON PRESENT EMPLOYER AND LAST TWO EMPLOYERS:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:
			FROM: TO:
			FROM: TO:

Personal Information

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA _____ G.E.D. _____

COLLEGE AND/OR TRADE SCHOOL: _____ YEAR COMPLETED: _____

FIRE SERVICE EXPERIENCE: _____

FFI YES ____ NO ____ FFII YES ____ NO ____ YEAR COMPLETED _____

EMERGENCY MEDICAL EXPERIENCE: _____

CERTIFIED EMT: YES ____ NO ____ LEVEL ____ CERTIFICATE #: _____

CERTIFIED MFR: YES ____ NO ____ CERTIFICATE #: _____

MILITARY SERVICE: _____ TYPE OF DISCHARGE: _____

DO YOU HAVE A VALID MICHIGAN DRIVERS LICENSE? YES ____ NO ____ LICENSE #: _____

HAVE YOU EVER BEEN CONVICTED FOR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION? YES ____ NO ____

Department Use: Date Received: _____	Copy to Admin: Date: _____ By: _____
Recommended / Not Recommended	Reviewed for Interview: Date: _____ By: _____
Official Date of Hire: _____	Contacted To Interview: Date: _____ By: _____
	Interviewed: Date: _____ By: _____
	Recommended to Fire Board: Date: _____ By: _____
	Forwarded to Township Board: Date: _____ By: _____
	Approved for Employment: Date: _____

IF YES, PLEASE EXPLAIN:

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN:

References

PLEASE PROVIDE THE NAMES OF THREE REFERENCES OTHER THAN RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

IF APPLICABLE, WHY DO YOU WANT TO BECOME A FIREFIGHTER/EMT/MFR?

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, MEETINGS, DRILLS, AND WORK ON COMMITTEES?
_____ (initial)

I UNDERSTAND THAT LELAND TOWNSHIP FIRE AND RESCUE DEPARTMENT REQUIRES ALL NEW MEMBERS TO BE CERTIFIED AT THE FIREFIGHTER II LEVEL AND MINIMALLY AS A MEDICAL FIRST RESPONDER. I FURTHER UNDERSTAND THAT AS A NEW MEMBER WITHOUT BOTH LICENSURES (OR GREATER) I WILL BE REQUIRED TO COMPLETE THESE LICENSURES AND THAT THESE CLASSES REQUIRE A NINE TO TWELVE MONTH COMMITMENT. BY COMPLETING THIS APPLICATION I AGREE TO ATTEND THESE CLASSES AND OBTAIN THE NECESSARY LICENSURES IF HIRED.
_____ (initial)

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE LELAND TOWNSHIP FIRE AND RESCUE DEPARTMENT TO CONTACT THESE REFERENCES AND MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

SIGNATURE OF APPLICANT:

DATE:

PLEASE ATTACH WITH THIS APPLICATION COPIES OF ANY LICENSURES AND TRAINING CERTIFICATES RELATED TO FIRE OR EMS.

BACKGROUND WAIVER

I _____, _____
Print Applicant Name Date of Birth

_____, _____ am an applicant for a position with
Driver License Number Social Security Number
the Leland Township Fire and Rescue Department. I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information which may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this _____ day of _____, in the City of _____
County of _____ State of _____

Signature of Applicant

Signature of Witness

Background check is requested by: _____
Fire Chief

Background checked by: _____ Date: _____

- () No information available.
- () Information attached, and forwarded to Chief : _____
Date, Time, and Initial



**AUTHORIZATION TO RELEASE INFORMATION
(Personal Inquiry Waiver)**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the Leland Township Fire and Rescue Department with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and my financial and credit status. Please include any and all records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the Leland Township Fire and Rescue Department in determining my qualification and fitness for the position I am seeking with the Leland Township Fire and Rescue Department.

I hereby release you, your organization and others from any liability or damage that may result from furnishing the information requested.

Date

Applicant's Signature