

Alamo Township Fire & Rescue

7840 N 6th St. Kalamazoo, MI 49009 Ph: 345-3010

FIRE DEPARTMENT EMPLOYMENT APPLICATION PACKET

DATE: _____

PLEASE PRINT

Name: _____ Driver's License No. _____

Address: _____ Social Security No. _____

City or Township: _____ Over 18 years of age? Yes No

Position applying for: Firefighter/First Responder Dispatcher/Support

Phone # (Home) _____ Phone # (Work) _____

Agree to a physical exam? (Yes) (No)

Agree to driving record check? (Yes) (No)

Agree to criminal history check? (Yes) (No)

Emergency contact: _____ Phone # _____

The reason(s) I am applying for membership in the Alamo Township Fire

Department:

Have you ever been a member of any other fire department or public safety agency?

(Yes) (No) If "Yes" name and address of department.

I hereby agree that the information provided is accurate, and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree that if accepted for membership on the fire department I will obey all policies and procedures of the municipality, fire department, and all applicable statues of the state of Michigan. I understand that membership on the fire department is on an at-will basis, and may be terminated by the municipality for any reason.

Applicant Signature _____

<u>OFFICE USE ONLY</u>	
Date application received _____	Date reviewed _____
Interviewed by?: _____	Date of Interview _____
Approved by Township Board? <u>Yes</u> <u>No</u>	Approved by Fire Officers? <u>Yes</u> <u>No</u>
Reasons _____ _____ _____	
Notes/Restrictions _____ _____ _____	
Background check performed by: _____	Date _____
Fire Chief Approval _____	Date _____

APPLICANT RELEASE FORM

I, _____, hereby apply for membership/employment with the Alamo Township Fire Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/or firms who may have information regarding my credit history, employment history, and/or financial standing: present and previous employers; and any other persons who may be able to provide information about me 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, policy 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 or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform test of my blood and/or urine to determine my possible usage of 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 therefrom.

Signature of Applicant

Date