

Charter Township of Flint - Fire Department

On-Call Firefighter Application

PERSONAL INFORMATION

Last Name	First	Middle	Date
Present Address			Home Telephone:
City, State, Zip Code			How long at present address?
Previous Address if at current address less than one year			Date of Birth
Are you legally eligible for employment in the United States?			Social Security #
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			When can you begin work?
Referred By:			Driver's License #
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

School	Name & Location of School	Course Of Study	# Of Years Complete	Did You Graduate	Degree or Diploma
Graduate					
College					
High School					
Business / Trade					
Fire Academy					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

Company Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State your job title & Describe your work	
Company Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State your job title & Describe your work	
Company Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State your job title & Describe your work	
Company Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State your job title & Describe your work	

We may contact employers listed above unless you indicate those you do not want us to contact.

FIRE DEPARTMENT EMPLOYMENT

Fire Department Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State job title & Describe your work	
Fire Department Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State job title & Describe your work	
Fire Department Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State job title & Describe your work	
Fire Department Name	Telephone Number
Address	Employed - State Month & Year
Name of Supervisor	Reason for Leaving
State job title & Describe your work	

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MILITARY

Did you serve in the U.S. Armed Forces?	If Yes, What Branch?	Dates of Service
Describe any training received relevant to the position for which you are applying.		

PERSONAL REFERENCES

Name	Address	Telephone Number	Relationship
Name	Address	Telephone Number	Relationship
Name	Address	Telephone Number	Relationship
Name	Address	Telephone Number	Relationship
Name	Address	Telephone Number	Relationship

S I G N A T U R E	<p>The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage in an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature </div> </div>

OFFICE USE ONLY- REMARKS

Date	Remarks	Received By

OFFICE USE ONLY - REFERENCE CHECK

Employer	Person Contacted	Results
Employer	Person Contacted	Results
Employer	Person Contacted	Results
Employer	Person Contacted	Results

OFFICE USE ONLY - TEST RESULTS

Test Administered	Raw Score	Rating	Analysis & Comments

INTERVIEW RESULTS

Interviewer Name & Comments



CHARTER TOWNSHIP OF FLINT FIRE DEPARTMENT

I hereby request and authorize you to furnish the Charter Township of Flint any and all information they may request concerning my work record, education history, military records, financial status, criminal record, driving record, general reputation, and past or present medical condition; as well as any and all information deemed relevant by the undersigned investigator the purposes specified below. This authorization is specifically intended to include any and all information of a confidential or privileged nature; as well as photocopies of such documents, if requested. This information will be used for the purpose of determining my eligibility for employment as an On-Call Firefighter.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above; or from any subsequent use of such information in determining my qualifications to serve as a Firefighter.

NOTE: THIS FORM MAY BE RETAINED IN YOUR FILES.

Signature of Applicant

Date

Signature of Investigator

Date



CHARTER TOWNSHIP OF FLINT FIRE DEPARTMENT

Pursuant to Act 291, Public Act of 1966, of the State of Michigan; and pursuant to the guidelines of the Firefighters Training Council, I am applying for a position as On-Call Firefighter for the Charter Township of Flint. I understand that in order to be considered for a position, I must possess good moral character and a good driving record. This as determined by a favorable comprehensive background investigation covering school and employment records, arrest and driving records, personal traits and integrity.

I understand that pursuant to my application for employment with the Charter Township of Flint, all questions to me must be answered carefully, completely, and truthfully. I understand that any misstatements or omissions will disqualify me. It is also understood that my employment with the Charter Township of Flint is dependent upon my background investigation, interviews as outlined collectively above, and successful completion of both physical agility and medical testing.

I, then, here again, reiterate that all statements made by me, both verbally and in writing have been truthful; no facts have been misstated or omitted, and I have never been arrested, involved in criminal conduct which did result in my arrest or civil litigation; nor have I received a traffic citation for any offense other than those listed below.

Signature of Applicant

Date