



# BYRON TWP. FIRE DEPARTMENT

## Employment Application for Paid on Call Firefighter



### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United State If no, are you authorized to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid MI driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ Type: \_\_\_\_\_

Any "At Fault" accidents in past 5 years? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, explain: \_\_\_\_\_

Ever convicted of impaired driving? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, explain: \_\_\_\_\_

Ever convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, explain: \_\_\_\_\_

Do you have any physical, mental, medical conditions or impairments that could interfere with your ability to fully perform the duties as a firefighter? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**Previous Employment**

Please list **ALL** previous employment starting with the most recent

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES \_\_\_\_\_ NO \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES \_\_\_\_\_ NO \_\_\_\_\_

**References**

*Please list three professional references*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

\_\_\_\_\_

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I understand that submission of this application does not assure that I will be granted membership of the Byron Township Fire Department.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I also understand that this application expires in one (1) year from the above date and that it is my responsibility to renew it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certifications**

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**Employment Agreement**

I hereby grant Byron Township Fire Department, Byron Township permission to investigate my employment history, police record, character, general reputation, mode of living and all other matters in which they have legitimate interest, and I authorize any person or firm contacted by them to give them all requested information. I expressly waive any right to receive written notice of the provision of such information and I release and agree to hold the providers of such information harmless for providing any requested information on reports. I understand that the nature and scope of all investigations provided I make a written request to the Fire Chief and the Township Supervisor within a reasonable period of time after filing this application. I understand that membership on the Byron Township Fire Department is dependent upon my satisfactorily passing various strength and agility test, physical examinations and associated laboratory tests, including, but not limited to, drug and alcohol screening, and that such examinations and test may be repeated in the future. I hereby authorize and direct all medical personnel to provide copies of the examinations and test results to the Byron Township Fire Department, Byron Township. Any offer of employment is based upon my agreement to abide by the rules and regulations of the Department and/or Township, as the Department and/or Township determine to change from time to time.

I understand that membership in the Byron Township Fire Department shall be at such terms and conditions as the Department and/or Township may determine and change from time to time and is based upon the requirement that members become familiar with and abide by the constitution, by-laws, policy and procedures of the Byron Township Fire Department as may be established and changed from time to time. Such membership shall be for no definite term and can be terminated at any time, with or without notice or cause, regardless of any contrary provisions in any other forms, manuals, handbooks, etc. I understand that no one except Byron Township board have any authority to enter into any agreement for membership or employment for a specified period or on other than a "terminable at will" basis, and that no such agreement shall be effective or binding unless it is in writing, signed by the parties, and subsequently ratified by the resolution of the Township board.

Byron Township is an equal opportunity employer and positively encourages applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, gender reassignment, religion or behalf, marital status, or pregnancy or maternity.

I acknowledge that I have read and understand the disclosures, waivers, releases and agreements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_