



Salem Township Fire Department Supplemental Application

Name _____ Email _____

Home Phone _____ Drivers License No. _____

Cell Phone _____ Make/Model/Year of Car _____

Primary Employer _____ Normal hours work per week _____

Normally available to respond calls during the following times?

Monday to Friday? _____ Other _____

Saturday & Sunday? _____ (Example M-F 1600 to 0600)

Reasons applying for the fire department? _____

Any impairments (physical, mental or other) that would prevent or interfere from performing fire fighter duties? (Yes) (No) If yes, please describe: _____

	Yes	No
Agree to have a physical exam?		
Agree to a driving record review?		
Agree to a criminal background review?		
Agree to a drug screen?		
Ever convicted of a crime? If so describe on back.		
Agree to join the Union/maintenance fees if hired?		

Have you passed MI Firefighter I & II? (Y) (N)

Do you hold a medical License? (Y) (N) If so, Level _____

I hereby agree that the information provided above is accurate and correct. Also I agree that the Township may verify such information, including, but not limited to conducting background checks, obtaining a copy of my driving record, criminal history and physical examinations. I agree to the disclosure of such information to the Township 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 Township, fire department and all applicable statutes of the state of Michigan.

Signature

Date

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For <i>PLEASE PRINT</i>		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephones Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				

References

1.	()	
	(Name)	Phone #
	(Address)	
2.	()	
	(Name)	Phone #
	(Address)	
3.	()	
	(Name)	Phone #
	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application for Employment is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which might be asked by the employer of the job applicant, may violate State and/or Federal Law.