

JAMESTOWN CHARTER TOWNSHIP

FIREFIGHTER AND FIRST RESPONDER
EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY E:Mail _____ DATE: _____

Name: _____ Spouse's first name _____

Driver's License No. _____ Expires _____

Address: _____

Social Security No. _____

City or Township _____ Date of birth _____

Phone No. (Home) _____ Phone No. (Cell) _____

Position applying for: _____

Firefighter _____XX_____ Medical First Responder _____XX_____

Both positions Yes / No Employer _____

Normal work hours _____ Agree to a physical exam? (Yes) (No)

Can you leave work? Yes / No Agree to driving record check? (Yes) (No)

Do you work weekends? Yes / No Agree to criminal history check? (Yes) (No)

Emergency contact _____ Phone No. _____

Name of physician _____ Phone No. _____

Distance from your home to your assigned station _____

The reason(s) I am applying for membership in the Jamestown Township Fire Department:

Any impairment (physical, mental, or other) that would prevent you from performing Firefighter / fire department duties (Yes) (No) If "Yes" please explain.

I hereby agree that the information provided above 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, if employed by the fire department, I will obey all Standard Operating Guidelines, Fire Department Ordinances, Policies and Procedures of the municipality, fire department, and all applicable statues of the State of Michigan. I understand that employment with the fire department is at-will and may be terminated by the municipality for any reason.

Applicant Signature _____

Interviewed by:

Fire Chief _____

Deputy Chief _____

Captain _____

Lieutenant _____

Safety Officer _____

Other _____

Other _____

Other _____

Other _____

Other _____

Other _____

Date _____

Accepted _____

Denied _____

Fire Station assigned: _____