

FIRE DEPARTMENT

City of

STURGIS, MICHIGAN



Employment Application And Personal History Statement

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Read Carefully Before You Complete This Application

NOTICE: Print clearly or type. Answer all questions. If specific section does not apply then enter N/A in that section. If you need additional space to answer any section you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).

Application must be completed by the person who is applying for the position.

Incomplete applications will not be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration and/or termination if hired.

GENERAL INFORMATION

Application for the position of: Firefighter			Date:
Last Name	First Name	Middle Name	Soc. Sec. No.
Alias(es), Nickname(s), Maiden Name, Other Changes in Name			Phone No.
Present Residence Address			Street or RDF / City or Post Office / State / Zip Code
E-mail address:			

EMPLOYMENT RECORD

List all previous employment. START WITH MOST RECENT POSITION AND WORK BACK TO THE LEAST RECENT POSITION. Identify part-time jobs with "P.T." and temporary jobs with "Temp."

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	1.			
TO				
DUTIES PERFORMED				
FROM	2.			
TO				
DUTIES PERFORMED				
FROM	3.			
TO				
DUTIES PERFORMED				
FROM	4.			
TO				
DUTIES PERFORMED				
FROM	5.			
TO				
DUTIES PERFORMED				
FROM	6.			
TO				
DUTIES PERFORMED				
If now employed, why do you desire to change?			Were you ever discharged or have you resigned after being informed you employer intended to discharge you? <input type="checkbox"/> Yes <input type="checkbox"/> No. If so, Why?	

May we contact your present employer? _____

Did you ever apply to, or work for, the City of Sturgis before? _____

Under what name? _____

When? _____

List anyone you know who works for us: _____

EDUCATION:

High School: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

College: _____
Name and Address of School

No. of Years Attended: _____

Did You Graduate? _____

Subject/Major: _____

Specialized or Other School: _____
Name and Address of School

No. of Years Attended: _____

Did you Graduate? _____

Subject/Major: _____

Do you have US Military experience? _____ Date Entered _____

Branch _____ Rank _____ Date Discharged _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Please provide any additional information, such as special skills, training, management experience, equipment, operation or qualifications you feel will be helpful to us in considering your application. (i.e. typing, computers, CDL, Fire Officer, Instructor Coordinator, , etc.)

FOREIGN LANGUAGE: Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold:

License Number	State	Type	Expiration Date	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Explain fully: _____

REFERENCES

Give names of three persons not related to you, who know you through school, business or personal association. Do not use former employers.

A. CHARACTER	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone
	Name	Business or Profession
	Address	Home Phone/Business Phone

Are you certified as Michigan (MFFTC) Fire Fighter I & II? Yes No

If certified, indicate location and date when certification was received: _____

LEGAL INFORMATION: (INCLUDING Juvenile, Traffic, Civil, Military, etc.)

Have you ever been convicted of a felony or misdemeanor or do you have a felony or misdemeanor charge pending? Yes No

If yes, describe in detail including date of conviction, Court of Record, offense, etc., (include any pleas of Nolo Contendre), etc.

Do you have any other characteristics which would hinder your ability to perform the job functions as described on the Job Description?

Yes No If yes, Give Details.

Have you ever applied for a position with any governmental agency? Yes No. If yes, give details.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I understand that, prior to being offered employment, I may be requested to take employment examinations. In the event that I have a disability that will affect my ability to take the test, I will so inform the Sturgis Fire Department prior to the administration of the test so that a reasonable accommodation can be made. The Fire Department reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Sturgis Fire Department to attempt to make a reasonable accommodation for it. I must make my request in writing to the personnel department within 182 days after I knew or reasonably should have known that an accommodation was needed.

I understand that the Sturgis Fire Department is required to assure that its firefighters meet certain minimum employment standards as published by the Michigan Firefighters Training Council. I understand that all full time employees of the Sturgis Fire Department must belong to the Sturgis Firefighters Association.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, other than those specifically excepted, to provide you with any and all applicable information they may give to you.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information had been omitted. In the event that I am employed by this department, I agree to comply with its dress code, with all of its orders, rules, and regulations. I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

Date

Signature of Applicant

Subscribed and sworn to and before me, a Notary Public, in and for the State of Michigan, this _____ day of _____, 20 _____.

Notary Public

_____, Michigan

My Commission Expires: _____.

_____/_____/_____
Date of Hire Starting Salary Department ID #