

# APPLICATION FOR FIREFIGHTER/RESCUE SQUAD EMPLOYMENT



Readmond-Friendship-Cross Village Firefighters Assoc.  
8338 W. Robinson Rd.  
Harbor Springs, MI 49740

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
*Last* *First* MI

Present Address: \_\_\_\_\_  
*Street #* *City* *State* *Zip*

Permanent Address: \_\_\_\_\_  
*(if different)* *Street #* *City* *State* *Zip*

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_

S.S. #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Marital Status: Married    Single    Widowed    Divorced    Separated

*(circle one)*

Referred to this Service by: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed?    Yes    No

If so, may we contact your current employer?    Yes    No

**Education:**

	Years	Grad.	Subjects
Name & Location of School	Attended	Date	Studied
Grammar: _____			
High: _____			
College: _____			
Trade, Business,			
Or Correspondence: _____			
Subjects of Special Study or Research Work: _____			

**Current and Former Employment:**

How long have you held your current employment? \_\_\_\_\_ (years and months)

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

What is your current position? \_\_\_\_\_

Dates of Previous Employment: (month/year) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Name and Address of Previous Employer: \_\_\_\_\_

\_\_\_\_\_

What was your position at your pervious employment?

What was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**References:**

List three people, not related to you, whom you have known at least one year.

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

Profession: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_

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

Profession: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_

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

Profession: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Phone #: ( ) - \_\_\_\_\_

**Physical Record:**

List any physical defects that might affect your performance in FIRE/EMS work.

(use back of page for additional space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIRE/EMS Training:**

(use back of page for additional space of needed)

Course	Instructor/School	Date Graduated/Certified

Do you currently hold a State or Federal license?                      Yes                      No

If yes, circle the appropriate areas below:

                    FFI    FFII    FOI    FOII    FOIII    MFR    EMT-B    EMT-S    EMT-P  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      License #: \_\_\_\_\_  
License Issued By: \_\_\_\_\_ (example: State of MI)

Please list your previous FIRE/EMS experience:  
(use back of page for additional space if needed)

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      to                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRE/EMS Organization                      Address                      Position

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From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      to                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRE/EMS Organization                      Address                      Position

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From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                      to                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRE/EMS Organization                      Address                      Position

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**Military or Civil Service:**

U.S. Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Active Membership in National Guard or Reserves:                      Yes                      No

Other Civil and/or Social Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**IN CASE OF EMERGENCY, NOTIFY:** \_\_\_\_\_

		<i>Name</i>	<i>Relationship</i>	
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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This is to inform you that as part of the procedure for processing your application an investigation may be made whereby information is obtained through personal interviews with your references, neighbors, friends, or others with whom you are acquainted. This inquiry may include information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of the investigation.

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I authorize investigation of all statements contained in the application. I understand the misrepresentation or omission of the facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice.

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



**C.C.E**

**CENTRAL DISPATCH AUTHORITY**

1694 S. U.S. 131 Hwy.  
Petoskey, Michigan 49770

231-439-3300  
Fax: 231-348-1087

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

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

*(must be ranking officer, asst. dept. head)*

Allow Access to juvenile files?      Yes      No

LEIN Access?                              Yes      No

NAME	
PERSONNEL ID#	
DEPARTMENT	
POSITION/TITLE	
SEX	
DATE OF BIRTH	
HOME ADDRESS	
HOME PHONE NUMBER	
WORK ADDRESS	
WORK PHONE NUMBER	
DRIVER'S LICENSE #	
MEDICAL CONDITIONS	
BLOOD TYPE	
SPOUSE'S NAME	