

**IRA TOWNSHIP FIRE DEPARTMENT
EMPLOYMENT APPLICATION**

DATE: _____

PLEASE PRINT

Name: _____ Driver's License No. _____

Address: _____ Social Security No. _____

City or Township _____ Date of birth _____

Phone No. (Home) _____ Phone No. (Work) _____

Make & Model of Vehicle _____

Employer _____

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

Military services? (Yes) (No) Agree to psychological exam? (Yes) (No)

Branch of Service _____ Agree to a Drug Screen? (Yes) (No)

Type of discharge _____ Agree to criminal history check? (Yes) (No)

Emergency Contact _____ Agree to driving record check? (Yes) (No)

Phone No. _____

The reason(s) I am applying for employment with the Ira Township Fire Department:

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

Medical History (please list any medical history or illness)

Education

High School Graduate? (Yes) (No) Year

Collage Graduate? (Yes) (No) Year

Fire Training / Courses

Referances:

1. Name: Phone:
2. Name: Phone:
3. Name: Phone:

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 that if accepted for employment with the fire department I will obey all policies and procedures of the municipality, fire department, and all applicable statues of the State of Michigan.

Firefighters employed with Ira Township accept employment on an "At Will" basis. A firefighter's employment with the Township may be terminated at any time, with or without cause. Firefighters employed with Ira Township acknowledge that there is no reasonable expectation of continuance of employment with the Township, implied or otherwise. Nothing contained in the Fire Department Standard Operating Guidelines, directives, policies and special orders are to be interpreted as changing a firefighter's status as an "At Will" employee.

Applicant Signature Date

Interviewed by:

OFFICE USE ONLY

Date application received _____

Date reviewed _____

Approved YES () NO ()

Reasons _____

Notes/Restrictions _____

Background check performed by: _____

Date _____

Approved by: _____

Date _____

**IRA TOWNSHIP FIRE DEPARTMENT
APPLICANT RELEASE FORM**

I, _____, presently residing at _____

hereby apply for employment with the Ira Township Fire Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/or firms who may have information regarding my credit history, employment history, and/or financial standing: present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Department. I hereby waive any privilege or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I Further consent that the Chief of the Department or representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained therefrom.

Signature of Applicant

Date