

Ira Township Fire Department Employment Application

Complete with black ink attach any additional sheets as needed.

Date: _____

Applicant Information				
Last Name		First Name		M.I.
Street Address		City		State, Zip
Email		SSN #	Phone #	D.L #
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of service	Type of discharge	Where did you learn of this employment	
Have you ever been arrested <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other				
Have you ever been employed at this Township before <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain				
Any impairments physical, Mental or other that would prevent you from performing fire department duties <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Explain:				
Explain the reason for applying to the Ira Township Fire department				
Education				
Check all that apply	School and degree, Certificate	Major	Date of completion	
<input type="checkbox"/> High School Graduate/GED				
<input type="checkbox"/> Vocational or Business School				
<input type="checkbox"/> College				
<input type="checkbox"/> Other				
<input type="checkbox"/> Firefighter 1&2				
<input type="checkbox"/> Hazmat Awareness				
<input type="checkbox"/> Hazmat Operations				
<input type="checkbox"/> MFR/EMT/Paramedic				
<input type="checkbox"/> Fire Officer 1,2,3				
<input type="checkbox"/> Instructor				
Prior Employment				
Job Title	Employer	Dates of employment Start to Finish, Scope of work	Reason for leaving	
1				
2				
3				

In applying for employment for the Ira Township Fire department, The Township of Ira reserves the right to contact past employers regarding references. May we also contact your present employer at this time. ☐ Yes ☐ No

If Yes Name of contact

Phone Number

References

Name:

Phone Number:

Name:

Phone Number:

Name:

Phone Number:

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, physical examination, drug screen and a psychological test. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or people 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 statutes 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 rules and regulations, directives, procedures and special orders are to be interpreted as changing a firefighter's status as an "AT WILL" employee.

Applicant Signature:

Date:

Office Use Only -----

Date Application Received

Date Reviewed

Approved

☐ Yes ☐ No

Reason:

Background check performed by

Date

Approved by

Date

Date of Hire