Spalding Township Application for Township Volunteer Firefighter

Date: _							
Job Description: Under the general supervision of firefighter's duty crew officer, responds department apparatus, equipment and fa	to ca	ills for					1
 Responds to calls for service in a service i	gear and offered of the call services mee equiport of the call of	at all er icer in d and in and as se. etings, ament a the ger ot to be	nergencies charge. In conforma st be common ssists in present work mand apparationeral nature construed	ance we nensure paring the entire transfer in the entire e	vith generate with gequipress. conformate level of versions and a conformate level of versions are whose sections are sections.	erally accepted the individual's ment, supplies ance with work performed tive list of all job	
Last Name	First Name				Middle Initial		
Street Address Mailing Address (if different than your street address)							_
City			State		Zip Code		_
Home Phone		Business	Phone				_
Social Security Number		Drivers License Number					
Employment							_
Employer		Teleph	one				_

6/22/2014

Do you work weekends?

From: To: Your Job Title and Describe your work

Can you leave work?

Name of your Supervisor

Normal work hours

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Education					
	High School		College		
Circle last year completed:	1 2 3 4		1 2 3 4		
Describe other education or train	ining:				
Military					
Did you serve in the U.S. Armed Are you currently active? Describe any training received		Yes Yes position for which yo	No No ou are applying:	:	
Have you been convicted of a confenses, which have not been bo you:				rs and Yes	summary No
Agree to have a physical exami	nation?			Yes	No
Agree to have your driving reco				Yes	No
Agree to have a criminal history		Yes	No		
Please list the reason(s) you are Do you have any impairment (p				om pe	rforming
fire department duties? If yes, please describe:				Yes	No
Emergency Information In case of emergency, contact	Relationship	Business Phone	Home Phone	9	
Address (if different than your home address)					
Addices (ii dillerent tilan your nome addiess)					
Personal Physician		Phone Number			
		1			

I hereby agree that the information provided above is accurate. I agree the fire department and/or the Spalding Township Board may verify such information, including conducting background checks, obtaining a copy of my driving record, criminal history, and physical examination. I agree to the disclosure of such information to the fire department and the Spalding Township Board by any such agency or person and release any agencies or persons from any liability connected with such disclosure.

I further agree, if accepted for membership/employment on the Spalding Township Fire Department, I will obey all policies and procedures of the Spalding Township Fire Department and Spalding Township Board. I agree to comply with all applicable statutes of the State of Michigan. I understand that membership/employment on the fire department is on an at-will basis and may be terminated by the Spalding Township board for justifiable cause.

Applicant's Signature

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