



# SURREY TOWNSHIP FIRE DEPARTMENT



185 North Superior Street P.O. Box 506 Farwell, MI 48622

(989) 588-6914 Fax (989) 588-4550

## EMPLOYMENT APPLICATION

NAME \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ MALE [ ] FEMALE [ ] BLOOD TYPE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ Type: Android / iOS EMAIL \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

Would your present employer let you leave work for a serious fire? Yes [ ] No [ ]

Social Security# \_\_\_\_\_ Driver's License # \_\_\_\_\_ Endorsements \_\_\_\_\_

DL exp date \_\_\_\_\_ Current Point(s) \_\_\_\_\_

List any driving violations you have had in the last 5 years:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged/convicted with a felony or misdemeanor? Yes [ ] No [ ]

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Education: circle highest level achieved 1 2 3 4 5 6 7 8 9 10 11 12 – College 1 2 3 4

Fire/Medical training achieved: \_\_\_\_\_

\_\_\_\_\_

Marital status: Single [ ] Married [ ] Divorced [ ]

Spouse's name: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Are you taking any medication? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

Are you currently under a Doctor's care? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

Is there any other medical information the Fire Dept. should know? Yes [ ] No [ ]

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_



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Are there any limitations that may prevent you from performing some of the assignments? Yes [ ] No [ ]  
(i.e.: climbing, carrying, breathing in a mask, seeing, etc.)

If yes, explain: \_\_\_\_\_

Do you have any problems with a confined space, heights, or weight lifting restrictions? If yes, explain:

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

*Joining will mean certain training will be required by Michigan Laws and Department rules and regulations. You will have 24 months from your hire date to have the minimum of Fire Fighter I training. Failure to comply with this requirement will result in termination.*

I certify that all answers to the above questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire may cause forfeiture upon my part of the rights to any employment in the service of the **Surrey Township Fire Department**.

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

**\*\* EMPLOYMENT CONTINGENT UPON A MEDICALLY APPROVED PHYSICAL EXAMINATION \*\***

### OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ DATE REVIEWED \_\_\_\_\_

APPROVED YES [ ] NO [ ]

REASONS: \_\_\_\_\_  
\_\_\_\_\_

NOTES/RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_

DECISION BY: \_\_\_\_\_ DATE \_\_\_\_\_

HIRE DATE: \_\_\_\_\_



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Surrey Township Fire Department

A division of

Surrey Township

Clare County Michigan

### Release of Information

To whom it may concern:

I hereby authorize any representative of the Surrey Township Fire Department, bearing this release, to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the knowledge and understanding that the information is for official use of the Surrey Township Fire Department. Consent is granted for the Surrey Township Fire Department to furnish such information as is described above, to third parties in the course of the Fire Department fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personal, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

Full Name (typed or printed)		Social Security No.	
Current Address:		City:	State/Zip
County	Telephone No. ( )	Date of Birth	
Signature		Date	