

PLAINFIELD FIRE DEPARTMENT

4343 Plainfield Ave. NE
Grand Rapids, MI 49525
(616) 361-2895

APPLICATION FOR PART-TIME FIREFIGHTER

NAME _____ DATE _____

COMPLETE MAILING ADDRESS _____

EMAIL _____ DRIVER'S LIC. # _____

HOME PHONE _____ MOBILE # _____ BIRTHDATE _____

EMPLOYER _____ WORK PHONE _____

ADDRESS _____ DAYS & HOURS WORKED _____

IN CASE OF ACCIDENT NOTIFY _____ PHONE # _____

FAMILY DR. _____ PHONE # _____

HOSPITAL PREFERRED _____ PHONE # _____

DO YOU HAVE DEPENDABLE TRANSPORTATION? _____ YES _____ NO

MAKE _____ YEAR _____ VIN # _____

ARE YOU WILLING TO TAKE A PHYSICAL? _____ YES _____ NO

WILL YOU ATTEND MONTHLY MEETINGS/TRAININGS? _____ YES _____ NO

WILL YOUR EMPLOYER RELEASE YOU IN EMERGENCY? _____ YES _____ NO

DO YOU HAVE ANY OTHER PART-TIME EMPLOYMENT? _____ YES _____ NO

IT IS AGREED THAT MY DRIVING/CRIMINAL RECORDS WILL BE CHECKED ___ YES ___ NO

IT IS AGREED AND UNDERSTOOD THAT AS AN EMPLOYEE; THE TOWNSHIP MANAGER WITH OR WITHOUT CAUSE, CAN TERMINATE YOU AT ANY TIME. THERE WILL BE NO APPEALS.

SIGNATURE OF APPLICANT _____

APPROVED BY CHIEF _____ DATE _____

RETURN APPLICATION WITH A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE, DRIVER'S LICENSE, RESUME AND ANY OTHER MICHIGAN FFTC TRAINING CERTIFICATES YOU HAVE.

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CONDITION OF EMPLOYMENT

As a condition of employment with the Plainfield Fire Department, I agree to immediately become or remain a nonsmoker, and shall not use any tobacco products at any time. *Sign initials to indicate acknowledgement.*

WAIVER FOR LATERAL HIRES

I, _____, am making application to become a Fire Fighter for the Plainfield Fire Department. I am currently employed as a Fire Fighter of and for the

(Your Current Government Organization)

I fully understand that the Plainfield Fire Department will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a Fire Fighter of and for the Plainfield Fire Department. I recognize and understand that this Background Investigation will include but not be limited to personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed by the Plainfield Fire Department to be essential for service as a Fire Fighter. I also fully understand that information learned by the Plainfield Fire Department may result in my not being hired.

Recognizing all of the above, I hereby give the Plainfield Fire Department full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer, _____.
(Your Current Government Organization)

I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution. I agree to hold the Plainfield Fire Department harmless from any and all claims made by me as a result of this release of information.

I have initialed each of the above paragraphs and have signed this Waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment to the Plainfield Fire Department.

Current Employer

Address of Current Employee

Current Department Head

Phone Number of Department Head

Applicant Signature

Witness Signature