

CUTLERVILLE FIRE DEPARTMENT

Employment Application

Applicant Information – INCLUDE FULL MIDDLE NAME

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Referred By: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a valid MI drivers license? YES NO Type: Operator Chauff. CDL-A CDL-B CDL-C

Any "At Fault" accidents in past 5 years? YES NO

If so, explain: _____

Ever convicted of reckless/careless driving? YES NO

If so, explain: _____

Ever convicted of impaired driving? YES NO

If so, explain: _____

Ever convicted of a felony? YES NO

If so, explain: _____

Do you have any physical, mental, medical conditions or impairments that could interfere with your ability to fully perform the duties as a firefighter? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service – MUST INCLUDE A COPY OF DD 214 Certificate of Release or Discharge from Active Duty

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that submission of this application does not assure that I will be granted membership of the Cutlerville Fire Department.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I also understand that this application expires in one (1) year from the above date and that it is my responsibility to re-new it.

Signature: _____ **Date:** _____

LAIR INVESTIGATIONS

P.O. Box 557 Hastings, Mi. 49058

Voice – 269-945-8754

Fax – 269-945-4844

AUTHORITY FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

SSN: _____ Drivers License # _____

PLACE OF BIRTH: _____ DOB: _____

PREVIOUS ADDRESS (If at current address less than 3 yrs.) _____

ANY OTHER STATES: _____

This release, when presented by a duly authorized representative of Lair Investigations, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I authorize the release of the following data or records to any employee of Lair Investigations.

(Please initial the following marked areas)

Employment History X Credit History _____ Bank/Financial _____
Education X Police/Criminal Record X Driving Record X

Authorization is hereby given for a personal background investigation to be conducted by Lair Investigations relative to my employment as an employee with Gaines Charter Township

I hereby release and forever discharge Lair Investigations and their client, Gaines Charter Township and their agents, officers and employees from any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information whether by reason of authorized use, negligence or otherwise.

Signature & Date

- Request for Date of Birth, to ensure accuracy of Criminal Records