

# Almont Fire Department



7487 Tubspring Rd.  
PO Box 159  
Almont, MI 48003  
(810) 798-8111  
www.AlmontFire.org

# Medical First Responder APPLICATION

We welcome you as an applicant to be a medical first responder. The Almont Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors.

Fill out all information completely. Print answers with ink.

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Street City State Zip Code

HOME PHONE NUMBER \_\_\_\_\_ OTHER (Daytime) PHONE NUMBER \_\_\_\_\_

Are you 18 years of age or over?  YES  NO If NO, state date of birth \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU APPLIED TO THE ALMONT FIRE DEPARTMENT BEFORE? \_\_\_\_\_

## EDUCATION

	CITY/STATE	GRADUATED	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

## REFERENCES

List the names of three people not related to you whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED

## EMPLOYMENT HISTORY

List below last three employers, starting with the most recent.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

"I certify that the facts contained in this application are true and complete to the best of the knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

I understand that I may be required to take a physical examination as a condition of hiring or continued employment."

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

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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED  YES  NO POSITION \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED BY \_\_\_\_\_

# CONSENT FORM

I, \_\_\_\_\_, in making and filing of an application to secure employment as a medical first responder with the Almont Fire Department, do hereby authorize and consent to the Fire Chief of said Department, and/or any of his authorized agents or any member of the Almont Township Board, to conduct a complete search of my past driving record with Michigan Secretary of State's Office and to secure a copy of my driving record, if need be.

I do further authorize and consent to said person or persons as hereinabove mentioned, to conduct a complete search and to secure a written copy, if any, of my criminal background.

I realize that any information that may be obtained as a result of this consent authorizing a search of my past driving record and of my past criminal record might be used as a consideration in my securing or not securing employment with the Almont Fire Department.

I do further realize that at any time I may be required to have a physical exam and/or drug test at the expense of the Almont Fire Department.

Full Name (Please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnesses:

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