



# **Jerome Township Fire Department**

**725 Irish Street, PO Box 17**

**Sanford, MI 48657-0017**

**Business Phone (989) 687-2600**

## **FIRE FIGHTER APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

TOWNSHIP OF RESIDENCE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

WHAT SHIFTS ARE YOU AVAILABLE: \_\_\_\_\_

REASONS FOR WANTING TO BE A FIREFIGHTER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS OR TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge these statements are true and factual, and that upon acceptance of this application and before employment by the Jerome Township Fire Department I must sign a release of criminal history and drivers record. That employment by the Jerome Township Fire Department is based on these results as well as a favorable medical report from a physician.

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



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## RELEASE OF INFORMATION

NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

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

SOCIAL SECURITY NUMBER \_\_\_\_\_

DO YOU HAVE ANY FELONY CHARGES PENDING AGAINST YOU?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES EXPLAIN FULLY: \_\_\_\_\_

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

I \_\_\_\_\_, GIVE MY PERMISSION TO HAVE MY

CRIMINAL HISTORY INVESTIGATED.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER