

Adrian Fire Department

**Application for Fulltime
and
Paid-On Call Employment**

208 South Main Street
Adrian, Michigan 49221

517-264-4856

EST. 1841

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APPLICATION FOR EMPLOYMENT WITH THE FIRE DEPARTMENT OF THE CITY OF ADRIAN

The Fire Department of the City of Adrian is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a protected disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

GENERAL INFORMATION

Read Carefully Before You Complete This Application.

NOTICE: Print clearly or type. Answer all questions. If a specific section does not apply, then enter N/A in that section. If you need additional space to answer any section, you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).

Application must be completed by the person who is applying for the position.

Incomplete applications will not be processed!

Please be sure to date and sign this application in the appropriate section.

Do not misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

GENERAL INFORMATION:

Position Applied For:				
Date of Application:		Date You Can Start:		
Last Name	First Name		Middle Initial	Soc. Sec. No.
Present Address	Street	City	State	Zip Code
				Work Phone ()
Permanent Address	Street	City	State	Zip Code
				Home Phone ()
Are there any hours or days of the week you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Salary Desired		If applying part-time, what days and hours?		
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?		
Have you ever applied to, or worked for, the City of Adrian before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Under what name? When?				
List anyone you know who works or worked for the Fire Department of the City of Adrian.				

EDUCATION:

List ALL Schools Attended	Name and Address of School	No. of Years Attended	Did you Graduate?		Degree or Major	Credit Hrs.
			Yes	No		
High/Prep Schools			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Colleges			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
Specialized or Other			<input type="checkbox"/>	<input type="checkbox"/>		
Training			<input type="checkbox"/>	<input type="checkbox"/>		
Quarter of class in which you stood: In High School: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth In College: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth						

EMPLOYMENT RECORD:

START WITH THE MOST RECENT POSITION AND WORK BACK. Identify part-time with P.T. and temporary with a Temp.

Date Mo. & Year	Name, Address & Telephone Number of Employer	Salary	Last Position	Reason for Leaving
From: To:		Starting: Ending:		
Duties Performed:				
From: To:		Starting: Ending:		
Duties Performed:				
From: To:		Starting: Ending:		
Duties Performed:				
From: To:		Starting: Ending:		
Duties Performed:				
From: To:		Starting: Ending:		
Duties Performed:				
From: To:		Starting: Ending:		
Duties Performed:				

May we contact the employers listed? Yes No
If not, which ones?

Have you ever been discharged or have you ever resigned after being informed that your employer intended to discharge you?
 Yes No

If now employed, why do you desire to change?

ADDITIONAL SKILLS:

Indicate type of special licenses or certifications such as pilot, radio operator, E.M.T., Michigan Fire Fighters Training Council, Firefighter I or II etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operators license).

Special Qualifications (include publications, patents, public speaking, etc.)

Special skills you possess and machines and equipment you can use with or without reasonable accommodation.

Approximate number of words per minute.
Typing

Please provide any additional information, such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

Have you ever applied for a position with any government agency? Yes No If so, please give details.

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RESIDENCES:

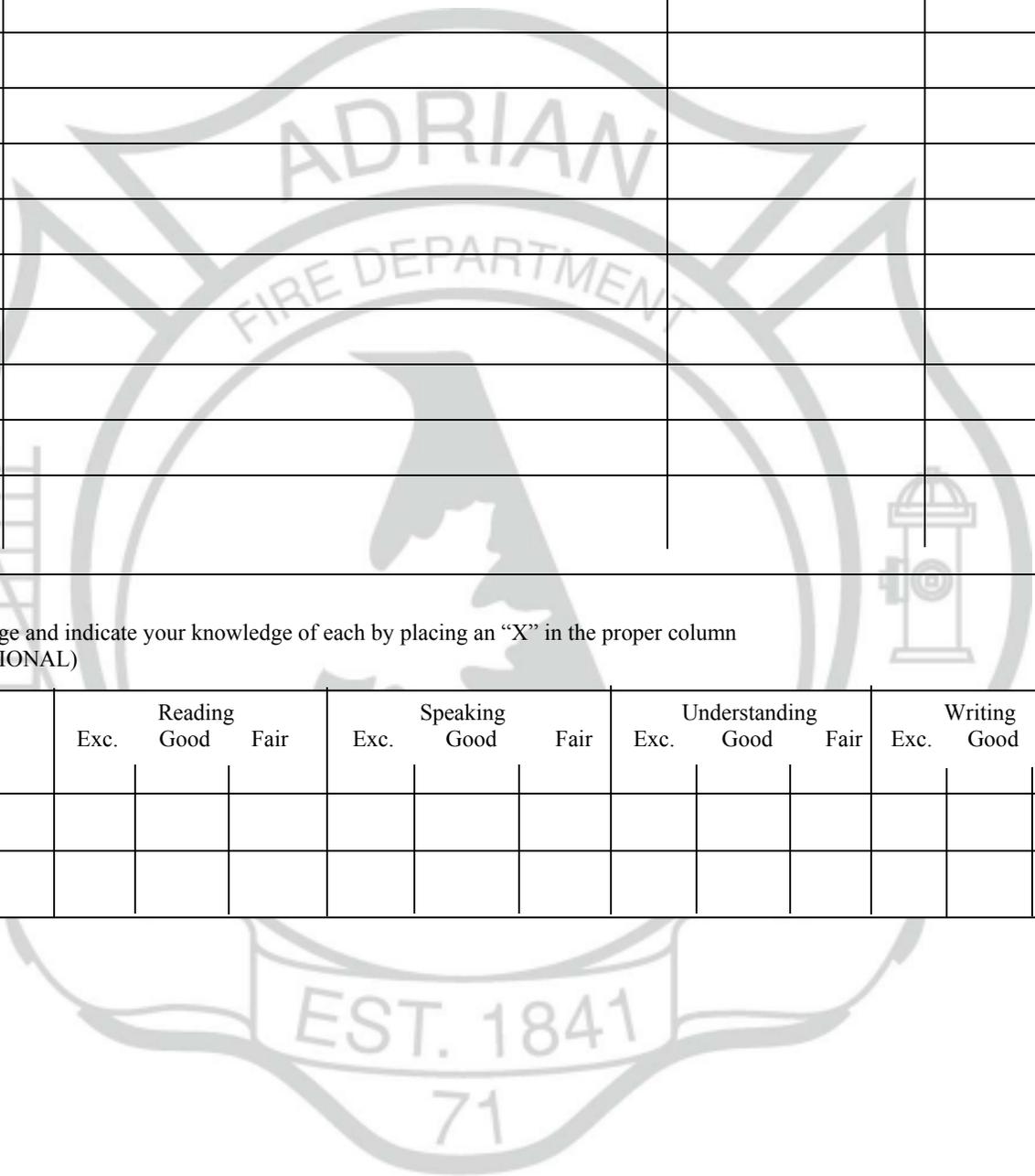
List all residences for the past five years, beginning with your present address.

Month and Year		Street and Number	City	State or County
From	To			

Foreign Language:

Enter foreign language and indicate your knowledge of each by placing an "X" in the proper column
(This section is OPTIONAL)

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair



PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I understand that prior to being offered employment, I may be requested to take a written aptitude test and a physical agility test. In the event that I have a disability that will affect my ability to take the test, I will so inform the Fire Department prior to the administration of the test so that a reasonable accommodation can be made. The Fire Department reserves the right to require medical documentation regarding the need for accommodation.

I understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Fire Department to attempt to make a reasonable accommodation for it. I must make any request in writing to the Fire Chief within 182 days after I knew or reasonably should have known that an accommodation was needed.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in termination.

I understand that, if I receive an offer of employment from the Fire Department, I may be asked disability-related questions and asked to take a medical examination, solely for the purposes of determining that I am capable of performing the essential functions of the job offered to me. If the questions or examination reveal that I am unable to perform the essential functions of the job with or without a reasonable accommodation, the job offer will be revoked.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Date: _____

Signature

*Employers specifically excepted: _____

----- **FOR EMPLOYER USE ONLY** -----

Comments: _____

Interviewer

Interviewer

Interviewer

