

FOR OFFICE USE ONLY  
Date Received \_\_\_\_\_ Date Applicant  
Notified \_\_\_\_\_

**APPLICATION  
FOR THE  
DAVISON RICHFIELD  
FIRE DEPARTMENT**

FOR OFFICE USE ONLY  
Proximity \_\_\_\_\_ mi.  
CBI \_\_\_\_\_  
DRI \_\_\_\_\_  
MS Req. \_\_\_\_\_  
MS Rec. \_\_\_\_\_

To applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

**PERSONAL**

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

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ How long there? \_\_\_\_\_  
No. Street City

Previous Address: \_\_\_\_\_ How long there? \_\_\_\_\_  
No. Street City

To applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS AREA. The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. P.L. 90-202 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 65 years of age. The laws of some States also prohibit some or all the above types of discrimination.

Date of birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_ Sex: M / F \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Coat (chest) Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Marital Status: Single / Engaged / Married / Separated / Divorced / Widowed: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ No. dependents including self: \_\_\_\_\_

Are you a U.S. Citizen? Yes / No: \_\_\_\_\_ Military Service: Y / N: \_\_\_\_\_ What is your current status: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

Have you ever been bonded? Y / N: \_\_\_\_\_ If yes, what job(s)? \_\_\_\_\_

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses? Y / N: \_\_\_\_\_ If yes, describe in full: \_\_\_\_\_

What is your present employment work shift? 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> Shift: \_\_\_\_\_ Hours: From: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm Days of week: \_\_\_\_\_

Is your present work shift subject to change in the next six months? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

List the days of the week and hours you would be available to the Fire Department: \_\_\_\_\_

List your hobbies/special interests: \_\_\_\_\_

List any relatives or friends working for Richfield Township, Davison Township, City of Davison, Fire Department or Fire Authority: \_\_\_\_\_

Have you ever experienced working under stress conditions? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you have any physical defects which preclude you from performing certain kinds of work? Y / N \_\_\_\_\_ If yes, describe such defects and specific work limitations:

Have you had a major illness in the past 5 years? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you received compensation for injuries? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Do you have any allergies? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Are you required to take medication on a continuing basis? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

What is your blood type? \_\_\_\_\_ Have you ever suffered fainting spells? Y / N: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Have you ever been treated for or do you now have back trouble? Y / N: \_\_\_\_\_ If yes, describe and list when: \_\_\_\_\_

Have you ever been treated for mental disorder(s)? Y / N: \_\_\_\_\_ If yes, describe and list when: \_\_\_\_\_

Name and address of family doctor: \_\_\_\_\_

Any obvious physical characteristics (scars, birthmarks, etc.): \_\_\_\_\_

NOTE: Before final acceptance to the Davison Richfield Fire Department, you must submit upon request of the Fire Authority, either evidence from a Doctor, stating your general physical condition with special notice given to: heart, lungs, blood pressure, ruptures, black-outs, fainting spells, back problems, drugs, etc., or a complete physical exam whichever they may prescribe.

### RECORD OF EDUCATION

| School            | Name & Address | Course Of Study | Did you Graduate? |
|-------------------|----------------|-----------------|-------------------|
| Elementary _____  |                |                 |                   |
| High School _____ |                |                 | Y / N: _____      |
| College _____     |                |                 | Y / N: _____      |
| Other _____       |                |                 | Y / N: _____      |

### MILITARY SERVICE RECORD

Were you or are you currently in the U.S. Armed Forces? Y / N \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of duty: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Rank and type of discharge: \_\_\_\_\_  
month day year month day year

List duties in the Service including special training: \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? Y / N \_\_\_\_\_ If yes, what training did you take? \_\_\_\_\_

### PERSONAL REFERENCES (Not former employers or relatives)

|    | <u>Name and Occupation</u> | <u>Address</u> | <u>Phone Number</u> |
|----|----------------------------|----------------|---------------------|
| 1. | _____                      | _____          | _____               |
| 2. | _____                      | _____          | _____               |
| 3. | _____                      | _____          | _____               |

**Beginning with your most recent, list below all present & past employment.**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Your Job Duties / Responsibilities: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Starting Salary: \$ \_\_\_\_\_ Weekly Last Salary: \$ \_\_\_\_\_  
Month / Year Month / Year

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Your Job Duties / Responsibilities: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Starting Salary: \$ \_\_\_\_\_ Weekly Last Salary: \$ \_\_\_\_\_  
Month / Year Month / Year

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Your Job Duties / Responsibilities: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Starting Salary: \$ \_\_\_\_\_ Weekly Last Salary: \$ \_\_\_\_\_  
Month / Year Month / Year

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason(s) for Leaving: \_\_\_\_\_  
Your Job Duties / Responsibilities: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Starting Salary: \$ \_\_\_\_\_ Weekly Last Salary: \$ \_\_\_\_\_  
Month / Year Month / Year

May we contact the employers listed above? Y / N \_\_\_\_\_ If not, indicate which one(s) not to contact: \_\_\_\_\_

The facts set forth above in my application for employment are true & complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history & financial & credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics & mode of living. I understand that I have the right to make a written request within a reasonable period to receive additional, detailed information about the nature & scope of this investigative consumer report.

\_\_\_\_\_  
Signature of Applicant

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Fire Department?

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

**IMPORTANT NOTE:** To the best of my knowledge, the answers contained in this application are true & complete. I further agree that my failure to give truthful or complete answers to any question on this application will be just cause for my immediate dismissal from the Davison Richfield Fire Department at any future time.

\_\_\_\_\_  
Signature of Applicant