



EMPLOYMENT DISCLOSURE FORM

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

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

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

LOCATED IN: (CITY) (DAVISON TWP) (RICHFIELD TWP)

DISTANCE FROM YOUR HOME TO ASSIGNED STATION: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ DATE OF BIRTH (IF UNDER 18): \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_

MAKE & MODEL OF VEHICLE: \_\_\_\_\_

MFR: (YES) (NO) FFI: (YES) (NO) FFII: (YES) (NO)

EMPLOYER NAME & PHONE NO.: \_\_\_\_\_

\_\_\_\_\_

WORK HOURS: \_\_\_\_\_

CAN YOU LEAVE WORK: (YES) (NO) WORK WEEKENDS: (YES) (NO)

AGREE TO A PHYSICAL EXAM: (YES) (NO)

AGREE TO DRIVING RECORD CHECK: (YES) (NO)

AGREE TO CRIMINAL HISTORY CHECK: (YES) (NO)



EMERGENCY CONTACT NAME: \_\_\_\_\_ NO.: \_\_\_\_\_

THE REASON(S) I AM APPLYING FOR MEMBERSHIP IN THE DAVISON RICHFIELD  
FIRE DEPARTMENT: \_\_\_\_\_

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

I hereby agree that the information provided above is accurate, and agree that the Fire Department may verify such information including conducting background checks and obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such information to the Fire Department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree that if accepted for membership on the Fire Department, I will obey all policies and procedures of the municipality, Fire Department, and all applicable statues of the state of Michigan. I understand that membership on the Fire Department is on an at-will basis and may be terminated by the Fire Authority for any reason.

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

\_\_\_\_\_  
Date