

**LAKETOWN TOWNSHIP  
FOR  
GRAAFSCHAP FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**  
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

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

NAME:

SSN:

DL#:

LAST

FIRST

MIDDLE

ADDRESS:

STREET

CITY

STATE

ZIP

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

ARE YOU EIGHTEEN YRS. OR OLDER? YES  NO

ARE YOU A CITIZEN OF THE U.S.? YES  NO

DO YOU USE ANY TOBACCO PRODUCTS? YES  NO  IF SO, HOW OFTEN?

DO YOU ENGAGE IN THE USE OF ILLEGAL DRUGS? YES  NO

EMPLOYMENT DESIRED

POSITION: **Paid On-Call  
Volunteer Firefighter**

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THAT POSITION?

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS FOR THE POSITION?

WHAT HOURS ARE YOU AVAILABLE TO RESPOND TO EMERGENCY CALLS?

CAN YOU ATTEND SEASONAL AND FIREFIGHTER TRAINING TWO OR THREE TIMES PER MONTH?

Draft Date  
07/12/2023

HAVE YOU BEEN A MEMBER OF A FIRE DEPARTMENT BEFORE?

IF SO, WHERE?

IF SO, WHAT IS THE FIRE CHIEF'S NAME AND NUMBER?

DO YOU HAVE FIRST AID TRAINING?

DATE LAST CERTIFIED?

TYPE OF FIRST AID TRAINING?

EVER APPLIED TO BE A MEMBER OF THE FIRE DEPARTMENT BEFORE?

WHEN?

REFERRED BY:

| EDUCATION                                 | NAME/LOCATION OF SCHOOL | NUMBER OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---|-------------------------|--------------------------|-------------------|------------------|
| GRADE SCHOOL                              |                         |                          |                   |                  |
| HIGH SCHOOL                               |                         |                          |                   |                  |
| COLLEGE                                   |                         |                          |                   |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                         |                          |                   |                  |

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

CIVIC OR ATHLETIC OR SIMILAR ACTIVITIES (*exclude any organizations which would divulge the religion, race, color, national origin, age, sex, height, weight, familial status, marital status, or other protected classification of its members*):

U.S MILITARY OR NAVAL SERVICE DATES:

RANK:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES  NO

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DO YOU HAVE TRUCK DRIVING EXPERIENCE?

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IF SO, TYPE OF VEHICLE?

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DRIVER'S LICENSE CERTIFICATION?

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WHY DO YOU WANT TO BE A FIREFIGHTER?

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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST OR CURRENT ONE FIRST):

| DATE<br>MONTH & YEAR | NAME/ADDRESS<br>OF EMPLOYER | SALARY | POSITION | REASON FOR<br>LEAVING | NAME OF<br>SUPERVISOR |
|----------------------|-----------------------------|--------|----------|-----------------------|-----------------------|
| FROM                 |                             |        |          |                       |                       |
| TO                   |                             |        |          |                       |                       |
| FROM                 |                             |        |          |                       |                       |
| TO                   |                             |        |          |                       |                       |
| FROM                 |                             |        |          |                       |                       |
| TO                   |                             |        |          |                       |                       |
| FROM                 |                             |        |          |                       |                       |
| TO                   |                             |        |          |                       |                       |

MAY LAKETOWN TOWNSHIP OR THE FIRE DEPARTMENT CONTACT THESE EMPLOYERS? YES  NO

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WHICH OF THESE JOBS DID YOU LIKE THE BEST?

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WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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REFERENCES: GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

| NAME | ADDRESS | BUSINESS OR<br>RELATIONSHIP | YEARS<br>AQUAINTED |
|------|---------|-----------------------------|--------------------|
| 1.   |         |                             |                    |
| 2.   |         |                             |                    |
| 3.   |         |                             |                    |

\_\_\_\_\_  
SIGNATURE OF APPLICANT

AS PART OF MY EMPLOYMENT APPLICATION FILED WITH LAKETOWN TOWNSHIP, DATED \_\_\_\_\_, \_\_\_\_\_, I HAVE LISTED FORMER AND/OR CURRENT EMPLOYERS, AS WELL AS ONE OR MORE ADDITIONAL REFERENCES. I AUTHORIZE EACH FORMER OR CURRENT EMPLOYER AND EACH ADDITIONAL REFERENCE TO COMMUNICATE DIRECTLY WITH LAKETOWN TOWNSHIP OR THE FIRE DEPARTMENT RELATIVE TO MY EMPLOYMENT RECORD AND ANY OTHER RELEVANT INFORMATION WHICH WOULD OR COULD HAVE A BEARING ON MY ABILITY OR INABILITY TO ADEQUATELY PERFORM FOR LAKETOWN TOWNSHIP THE JOB FOR WHICH I HAVE APPLIED. I SPECIFICALLY WAIVE ANY RIGHT I HAVE UNDER SECTION 6 OF MICHIGAN PUBLIC ACT 397 OF 1978, AS NOW OR SUBSEQUENTLY AMENDED (THE "BULLARD-PLAWECKI EMPLOYEE RIGHT TO KNOW ACT"), TO RECEIVE WRITTEN NOTICE IF A CURRENT OR FORMER EMPLOYER DIVULGES A DISCIPLINARY REPORT, LETTER OF REPRIMAND, OR OTHER DISCIPLINARY ACTION TO LAKETOWN TOWNSHIP OR THE FIRE DEPARTMENT. I FURTHER CONSENT TO LAKETOWN TOWNSHIP OR THE FIRE DEPARTMENT CONDUCTING A CRIMINAL CONVICTION RECORD CHECK, A DRIVING RECORD CHECK, AND A SEX OFFENDER REGISTRY CHECK; I AUTHORIZE THE RELEASE OF SUCH RECORDS DISCLOSED BY ANY SUCH CHECKS. YES  NO

\_\_\_\_\_  
\_\_\_\_\_  
IN CASE OF  
EMERGENCY  
NOTIFY:

| NAME | ADDRESS | PHONE NO. |
|------|---------|-----------|
|------|---------|-----------|

**READ CAREFULLY:**

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION. MY QUESTIONS CONCERNING THE APPLICATION, IF ANY, HAVE BEEN ASKED AND ANSWERED TO MY SATISFACTION.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMFORM TO THE TOWNSHIP'S POLICIES AND PROCEDURES.

I UNDERSTAND THAT IF I AM NOT SELECTED FOR EMPLOYMENT WITH LAKETOWN TOWNSHIP FOR THE FIRE DEPARTMENT, CERTAIN STATE OR FEDERAL LAWS MAY CREATE ONE OR MORE CAUSES OF ACTION FOR ME, IF THE REFUSAL TO HIRE ME WAS FOR ONE OR MORE ILLEGAL REASONS. I UNDERSTAND THAT IF I WISH TO PURSUE ANY OF MY RIGHTS UNDER ANY OF THESE STATE OR FEDERAL STATUTES, I MUST FILE ANY CAUSE OF ACTION WITH THE APPROPRIATE STATE OR FEDERAL COURT OR STATE OR FEDERAL AGENCY WITHIN NINE MONTHS OF THE DATE OF THIS APPLICATION FOR EMPLOYMENT.

I UNDERSTAND THAT ANY EMPLOYMENT WITH LAKETOWN TOWNSHIP FOR THE FIRE DEPARTMENT IS AT WILL, MEANING IT IS TERMINABLE WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT ANY TIME BY EITHER LAKETOWN TOWNSHIP FOR THE FIRE DEPARTMENT OR THE EMPLOYEE.

DATE

SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED:  YES  NO

POSITION

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPARTMENT DIRECTOR

HUMAN RESOURCES DIRECTOR