

CHARACTER REFERENCES:

Please list three (3) character references in the Marquette area.

- 1) _____
(Name) (Address) (Phone)
- 2) _____
(Name) (Address) (Phone)
- 3) _____
(Name) (Address) (Phone)

GENERAL MEDICAL HISTORY **NOTE: List the full particulars of all YES answers.**

Have you ever reported any occupational injury or disease to any of your former employers or received a compensation check for any such injury or disease?

() No () Yes – Please Explain _____

Any previous work related injuries? () No () Yes – Please Explain _____

Any medical problems which you are under a physicians care for? () No () Yes – Please Explain _____

Any physical disabilities or limitations which may limit your ability to perform firefighting duties?

() No () Yes – Please Explain _____

All new employees will be required to pass a physical exam by a qualified physician before being offered employment with the Township. Please refer to the department’s recruiting and employment policy for details pertaining to pre-employment physicals. (Your physical is provided at departmental expense).

DRIVING RECORD:

Driver’s License # _____ State: _____ Type: () Chauffeur () Regular

Any moving violations in the last three (3) years? () No () Yes – Please Explain _____

Are there any pending criminal charges against you? () No () Yes – Please Explain _____

Have you been convicted of a crime or felony in the past three (3) years?
() No () Yes – Give Date, Place, Charge and Disposition _____

Have you ever worked for this department before? () No () Yes – When _____

Reason for leaving? _____

Do you have any relatives in the department? () No

(1) _____ (2) _____

Person(s) you would want notified in case of an emergency.

(1) _____
(Name) (Address) (Phone)

(2) _____
(Name) (Address) (Phone)

APPLICANT PLEASE READ CAREFULLY

I certify that all answers in this application are true to the best of my knowledge. I realize that the information furnished by me may be verified by the Township Fire Department, and that any misrepresentation of the facts shall constitute cause for dismissal regardless of when discovered by the Fire Department. I agree to submit to a medical exam and drug screens, and periodic medical examinations, physical agility tests, and/or drug screens thereafter, I further understand that if I am employed by the Charter Township of Marquette Fire department, my employment will be subject to the conditions of any applicable probationary period established by the Fire Department. I authorize investigation of all statements contained in this application and do hereby release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. If I become an employee, I also agree to abide by all polices and procedures of the Charter Township of Marquette Fire Department.

(Signature of Applicant)

(Date)