



# APPLICATION FOR EMPLOYMENT

## CHARTER TOWNSHIP OF HIGHLAND FIRE DEPARTMENT (Pre-Employment Questionnaire)

### PERSONAL INFORMATION

NAME: LAST: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO: (C) \_\_\_\_\_ (H) \_\_\_\_\_ Are you 18 yrs. or older YES  NO

DRIVERS LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you prevented from becoming employed in this country because of immigration or visa status? YES  NO

### AGREEMENTS

I agree to have a physical examination YES  NO  I agree to have my criminal history checked YES  NO

I agree to have my driving record checked YES  NO  I agree to take a physical agility test YES  NO

**CERTIFICATIONS:** Firefighter 1 YES  NO  Firefighter 2 YES  NO , EMT-B YES  NO , EMT-P YES  NO ,

EDUCATION	NAME & LOCATION OF SCHOOL	No OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUIDED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				
OTHER				

### PAST/PRESENT MILITARY SERVICE

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ DISCHARGE STATUS: \_\_\_\_\_

Are you currently a member in the National Guard or Reserves? YES  NO

**FORMER EMPLOYERS** (LIST AT LEAST THREE STARTING WITH LAST FIRST)

DATE	MM/YY	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
From / To /				
From / To /				
From / To /				
From / To /				

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

DO YOU OWN A RELIABLE VEHICLE    YES     NO 

Other Skills (such as computer, carpentry, etc...) \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by my company. I understand that no company representatives, other than its president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

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

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: (LEAD INTERVIEWER) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_ # APPROVED \_\_\_\_\_ # DIS-APPROVED \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_