



**FOR OFFICE USE ONLY**

Date \_\_\_\_\_

Status \_\_\_\_\_

Initials \_\_\_\_\_

**EMPLOYMENT APPLICATION**

It is the policy of the Fruitport Township Fire Department not to discriminate in its employment and personnel practices because of a person’s race, color, creed, religion, sex, national origin, age, disability, marital status, sexual orientation, political opinions or affiliation.

**ANSWER EVERY QUESTION (UNLESS SPECIFIED NOT TO).** You may mail this document to Fruitport Township Fire Department, 3368 Black Creek Rd, email to [Fruitportfire@mcd911.net](mailto:Fruitportfire@mcd911.net), or fax to 231-773-7139.

This application or any attachments thereto become a part of Fruitport Township records and are not returned.

Position Applying : \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Area Code Phone No. Area Code Phone No.

Address: \_\_\_\_\_  
Number Street Apt # City State Zip Code

Email Address: \_\_\_\_\_

Interested in (check one or more):  Full Time  Temporary  Part Time  Intern

If hired, can you provide work eligibility documents: \_\_\_\_\_

**Are you at least 18 years of age?** \_\_\_\_\_

Have you ever worked for Fruitport Township? (Yes/No) \_\_\_\_\_

Still employed? Work Phone \_\_\_\_\_

Terminated  Resigned? Date: \_\_\_\_\_

Do you have any relatives working for Fruitport Township: (Yes/No) \_\_\_\_\_

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ (Yes/No)

**EMPLOYMENT RECORD**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

List all jobs beginning with most recent job. Account for all periods of employment, unemployment and military service. Additional sheets may be submitted to give a complete employment record. **You may attach a resume, certificate, discharge papers, letters of recommendation or any other documents as part of your application.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ (Yes/No)

Dates of Employment				Name & Address of Employer		Duties	
Most Recent						Title:	
From						Monthly Salary:	
MO.	YR.	MO.	YR.			Supervisor:	
2nd Most Recent						Title:	
From						Monthly Salary:	
MO.	YR.	MO.	YR.			Supervisor:	
3rd Most Recent						Title:	
From						Monthly Salary:	
MO.	YR.	MO.	YR.			Supervisor:	
4th Most Recent						Title:	
From						Monthly Salary:	
MO.	YR.	MO.	YR.			Supervisor:	
5th Most Recent						Title:	
From						Monthly Salary:	
MO.	YR.	MO.	YR.			Supervisor:	
<b>Total Years Work Experience:</b> _____							

**EDUCATION RECORD**

Last Grade of School completed \_\_\_\_\_ Did you obtain a  High School Diploma or  GED

List your education including high school, college, business, technical, trade, correspondence and military service schools.

School Name	Address	From		To		Major/Minor/ Course Title	# of Credit Hours	Degree or Certificate
		Mo.	Yr.	Mo.	Yr.			

**CERTIFICATIONS/ LICENSES/ PROFESSIONAL REGISTRATIONS**

\_\_\_\_\_

**COMPUTER SKILLS IN WHICH YOU ARE PROFICIENT**

\_\_\_\_\_

**LANGUAGES**

\_\_\_\_\_  Speak  Write

\_\_\_\_\_  Speak  Write

\_\_\_\_\_  Speak  Write

**DRIVING RECORD/ TRAFFIC VIOLATIONS**

1. Do you have a valid Drivers license? \_\_\_\_\_ If Yes, List state issued in \_\_\_\_\_  
 License No. \_\_\_\_\_  Class C  Class A-CDL  Class B-CDL

2. Have you received three (3) or more convictions for moving traffic violations during the last 36 months (3 Years)? \_\_\_\_\_

3. Have you received an Operating While Intoxicated (OWI) or other alcohol/Controlled substance (DUI) citation during the last 36 months (3 years)? \_\_\_\_\_

4. Is your driver’s license currently suspended? \_\_\_\_\_

I further understand that if I am selected for a position requiring driver license verification, my record will be verified and I will be discharged if the information I have provided is incorrect or incomplete.

**CONVICTIONS (for other than minor traffic violations)**

**A “Yes: answer to Questions 1 and 2 is not an automatic bar to employment.** Include any convictions by military trial. You may be fingerprinted and your complete police record reviewed.

- 1. Have you ever been convicted of a felony or a misdemeanor? \_\_\_\_\_
- 2. Have you ever been on probation? \_\_\_\_\_
- 3. Are you presently under charges for a felony or misdemeanor?  
(Required to appear in court and/or pay a fine)? \_\_\_\_\_  
If under charges, Department rules require that the charges must be disposed of prior to examination or certification for employment.

**NOTE: If you answered “Yes” on any of the CONVICTION questions above, please complete the questions below. If you have had more than one conviction/probation, complete a separate attachment for each one.**

- 1. Ever convicted of a misdemeanor? \_\_\_\_\_ Under 21 yrs at the time? \_\_\_\_\_
- 2. Ever convicted of a felony? \_\_\_\_\_ Under 21 yrs at the time? \_\_\_\_\_
- 3. Have you ever served any form of PROBATION (including deferred adjudication) for a misdemeanor or felony offense? \_\_\_\_\_

**If YES to any of the above, please answer the following questions about the conviction and/ or probation:**

- 1. When were you arrested/ticketed? \_\_\_\_\_  
Month Year
- 2. Where were you arrested/ticketed? ? \_\_\_\_\_  
City State
- 3. What were you charged with? \_\_\_\_\_
- 4. What was the outcome:
  - Probation Period: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_
  - Jail or prison sentence: (Complete #5 below)
  - Fine: \$ \_\_\_\_\_
  - Other: Explain \_\_\_\_\_
- 5. If you were sent to jail or prison:
  - A. When did you start your sentence? \_\_\_\_\_  
Month Year
  - B. What was the name and location of the prison? \_\_\_\_\_  
Prison Name City/State
  - C. When were you released?
    - Paroled: \_\_\_\_\_  
Month Year
    - Sentence Completed: \_\_\_\_\_  
Month Year
  - D. If presently on parole, when will your parole be finished? \_\_\_\_\_  
Month Year

**CONSENT AGREEMENT**

REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING CONSENT AGREEMENT. IF YOU CONSENT, FILL IN THE “I AGREE” BUTTON, THE “I AGREE” MUST BE FILLED IN FOR THIS APPLICATION TO BE ACCEPTED BY THE FRUITPORT TOWNSHIP FIRE DEPARTMENT.

I represent and warrant that the answers I have given are full and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding education, experience, certifications and criminal records and that I have answered all questions truthfully.

And further, I expressly request former employers and any persons who may have pertinent information concerning me to furnish such information to Fruitport Township Fire Department Officials. I agree to hold such person harmless and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

**I AGREE**

\_\_\_\_\_  
**Name/Signature** **Social Security #**

How did you learn about this position? (Check all that apply)

- Media Announcement
- Township Employee
- Other \_\_\_\_\_

Newspaper Ad:

- Muskegon Chronicle
- Fruitport Area News
- Other \_\_\_\_\_

Internet:

- Fire Web Site – [fruitportfire.com](http://fruitportfire.com)?
- mlive.com
- Other Internet Source: \_\_\_\_\_