

**GOODLAND TOWNSHIP  
FIREFIGHTER EMPLOYMENT APPLICATION**

PLEASE PRINT

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

Name: \_\_\_\_\_

Driver's Lic. No. : \_\_\_\_\_

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

Soc. Sec. No.: \_\_\_\_\_

City or Twp.: \_\_\_\_\_

Date of Birth (if under 18): \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_

Agree to physical exam?      YES      NO

Can you leave work?      YES      NO

Agree to driving record check?      YES      NO

Work weekends?      YES      NO

Agree to criminal history check?      YES      NO

Emergency contact: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Distance from your home to fire station: \_\_\_\_\_

The reason(s) I am applying for membership in the Goodland Twp. Fire Department:

\_\_\_\_\_

Any impairment (physical, mental, or other) that would prevent you from performing fire department duties?      YES      NO (If yes, please explain below)

\_\_\_\_\_

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, 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 municipality for any reason.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of GTFD Rep. conducting interview

## NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify this company in writing of any accommodation that you would need as the result of any physical handicap that you have in order to perform the job duties of the position for which you are applying.

### A handicap includes:

- a. a physical or mental condition which is the result of disease, injury, congenital condition of birth, or functional disorder if it substantially limits one or more of your major life activities and which is unrelated to your ability to perform the duties of a particular job or is unrelated to your qualifications for employment or promotion;
- b. a history of such a physical or mental condition; or
- c. the condition of being regarded as having such a physical or mental condition.

### A handicap does not include:

- a. a physical or mental condition caused by your current illegal use of controlled substance; or
- b. a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

A handicap is unrelated to an individual's ability if, with or without accommodation, the handicap does not prevent the individual from performing the duties of a particular job or position.

If you have a handicap, you are required to establish that you have made a written request for the accommodation within 182 days from this date, and that you could perform the duties of the position being applied for with that accommodation.

This notice is given to you on \_\_\_\_\_, and a copy with your signature on it is being filed along with your employment application.

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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**APPLICANT RELEASE FORM**

I, \_\_\_\_\_, presently residing at \_\_\_\_\_

\_\_\_\_\_ hereby apply for membership/employment with the Goodland Township Fire Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: Officials and Records Offices at schools that I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/or firms who may have information regarding my credit history, employment history, and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Department. I hereby waive any privilege or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I further consent that the Chief of the Department or his/her representative be provided with a copy of any such records concerning me, which they may desire.

I hereby give consent to the Department or its designee to perform tests of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained therefrom.

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**      Date application received: \_\_\_\_\_  
Date reviewed: \_\_\_\_\_      Approved:    YES ( )      NO ( )

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes/Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Background check performed by: \_\_\_\_\_      Date: \_\_\_\_\_

Approved by: \_\_\_\_\_      Date: \_\_\_\_\_