

DEERFIELD TOWNSHIP FIRE DEPARTMENT

3032 S. WINN ROAD, MT. PLEASANT, MICHIGAN. 48858 (989-773-0327)

APPLICATION

DO NOT FILL IN THE SHADED AREA

VOLUNTEER INFORMATION ONLY

Date _____

Name _____ jr. / sr. **D.o.b.** _____ **M [] F []** **Blood type** _____

Home Address _____ City _____ Zip _____

Home ph # _____ Work ph # _____ Other ph # _____

Present employer _____

Would your employer let you leave work for a serious fire? _____

SS # _____ DL # _____ Type of endorsement _____

DL exp Date _____ Current point _____ If yes, list driving violations for the last 5 years _____

Have you ever been charged with a felony Y [] N []

If yes explain _____

Education circle highest level achieved 1 2 3 4 5 6 7 8 9 10 11 12 -college 1 2 3 4

Fire/medical training achieved _____

Martial status sgl [] married [] divorced [] **Spouse's name** _____ **# of dependents** _____

Are you taking any medication? _____ If yes, explain _____

Are you currently under a doctor's care? _____ If yes, explain _____

Is there any other medical information the fire dept. should know? _____ If yes, explain _____

Are there any limitations that may prevent you from performing some of the assignments? ? Y [] N []

(Climbing, carrying, breathing in a mask, seeing)

If yes, explain _____

Do you have any problems with a confined space, heights, or weight lifting restrictions? If yes please explain.

Joining will mean certain training will be required by Michigan laws, and department rules and regulations. You will have 24 months from hire date to have the minimum of fire fighter 1 training.

I understand that if any information I have willfully falsified may be cause for my immediate dismissal.

I am aware and authorize a background check to be performed by the fire dept.

X _____ date _____

Name of significant other _____ Emergency contact name _____ Ph# _____

**** EMPLOYMENT CONTINGENT UPON MEDICALLY APPROVED PHYSICAL EXAMINATION ****

OFFICE USE ONLY

DATE APP. RECEIVED _____ DATE APP REVIEWED _____

APPROVED YES [] NO []

REASONS _____

NOTES/RESTRICTIONS _____

DECISION BY _____
DATE _____