



GRAND TRAVERSE RURAL FIRE DEPARTMENT

2266 E. M-113

Kingsley, MI 49649

Phone: (231) 263-7875 Fax: (231) 263-0506 Website: www.gtfire.org Email: info @gtfire.org

APPLICATION FOR EMPLOYMENT / MEMBERSHIP

Date:		Assigned Station:	
Name <i>(Last, First, Middle Initial)</i>			
Street Address			
Mailing Address <i>(leave blank if same as street address)</i>			
City, State, Zip Code			
Home Telephone	Work	Cell	
E-mail Address			
Do you have a valid drivers license?		License Number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had your drivers license suspended or accumulated more than two points?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position or type of employment desired?	
<p>Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Disabled employees and applicants may request an accommodation of their disability by notifying Grand Traverse Rural Fire Department in writing of the need for accommodation within 182 days of the date the person with a disability knows or should know that an accommodation is needed. Failure to properly notify Grand Traverse Rural Fire Department will preclude any claim that the employer failed to accommodate the person with a disability.</p>	
Will you be able to perform the duties of the position for which you are applying with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally entitled to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently bound by any agreement with a former/current employer that would prevent you from working for GTRFD ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of any violation of law other than traffic offenses ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state nature of offense, when, where, and disposition:	

EDUCATION AND TRAINING

Have you obtained a High School Diploma or GED ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, circle the highest grade completed: 8 9 10 11 12	

List below College, Business School, Military, Etc. <i>(Most recent first)</i>				
Name and Location	Attended Month/Year	Graduated? Yes/No	Year	Degree



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List below College, Business School, Military, Etc. <i>(Most recent first)</i>			
License, Certificates or Registration	Number	Wherein Date Issued	Expiration Date

Special Skills?

WORK EXPERIENCE

Employer	From <i>(Mo/Yr)</i>	Hrs per Wk
	To <i>(Mo/Yr)</i>	
Address	Number of Employees Supervised?	Last Salary
Title / Position	Telephone Number	
Specific Duties:		
Reason for Leaving:		
Employer	From <i>(Mo/Yr)</i>	Hrs per Wk
	To <i>(Mo/Yr)</i>	
Address	Number of Employees Supervised?	Last Salary
Title / Position	Telephone Number	
Specific Duties:		
Reason for Leaving:		
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State any additional information that you feel may be helpful to us in considering your application:

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Fire Chief. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment of the Grand Traverse Rural Fire Department as they are from time to time changed.

I agree that any action or suit against the Grand Traverse Rural Fire Department arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within six months of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Applicants Signature

Date

CONSENT TO PERFORM BACKGROUND AND DRIVING HISTORY CHECK

As an eligible applicant for a position with the Grand Traverse Rural Fire Department, I consent to the use of my name, drivers license number, and **social security number** for a standard criminal background and driving history check. Grand Traverse Rural Fire Department will keep this information private and secure.

I understand that any information uncovered by the criminal background and driving history checks that is contrary to my previous statements may be cause for my application process to be terminated.

Applicants Signature

Date

Social Security Number:

INTERVIEW

I, Chief/CEO Theo Weber, have interviewed the applicant for a position with Grand Traverse Rural Fire Department and have found the applicant to be a satisfactory candidate to continue the hiring process.

Chief's Signature

Date