

TOWNSHIP OF SUMPTER

23480 SUMPTER ROAD

BELLEVILLE, MI 48111

(734) 461-6201

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

APPLICATION FOR THE FIRE DEPARTMENT
SUMPTER TOWNSHIP

Name _____ Date _____

Address _____ Drivers license number _____

Phone number (home) _____

Phone number (work) _____

Employer _____ Make/model of car _____

Normal work hours _____ Year car built _____

- Work weekends? -----(Yes)-----(no)
- Can you leave work? -----(Yes)-----(no)
- Agree to have a physical examination----- (yes)-----(no)
- Agree to have my driving record checked----- (yes)-----(no)
- Agree to have a criminal history check completed----- (yes)-----(no)

The reason(s) I am applying for membership on the fire department:

Any impairments (physical, mental or other) that would prevent me from performing fire department duties: (yes) (no) if "yes", please explain:

In case of emergency, contact:

Name of physician _____ Phone number _____

Phone number _____

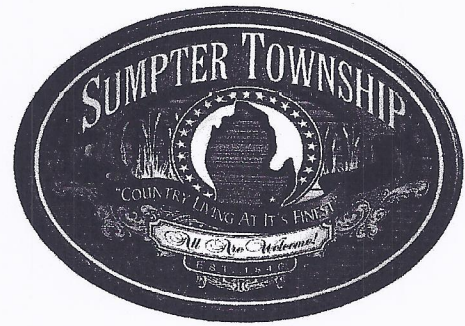
I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information, including conducting background checks and obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such

Sumpter Township

County of Wayne

23480 Sumpter Road, Belleville, Mi 48111

Phone# 734-461-6201 Fax# 734-461-6441



APPLICATION FOR EMPLOYMENT

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Position Applied For _____ Date of Application _____

Personal Information:

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number _____ Alternate Number _____

Are you 18 years of age or older Yes No

Date you can start _____ Salary Desired _____

Are you employed now? Yes No May we contact your employer? Yes No

Have you ever worked for this Township before? Yes No

If yes, when? _____ Department/Position _____

Education:

Name and Location of School	Year/Grade Completed	Did you Graduate?	Subjects studied And Degree(s) Received
High School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

College _____ Yes No _____

Trade/Business/ Correspondence School _____ Yes No _____

Former Employers: List below your last four employers, starting with the last one first.

Date Month & Year	Name & Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References Upon Request

Emergency Notification:
In case of Emergency Notify _____
Name _____

Address _____ City _____ State _____

Phone Number _____ Alternate Number _____

Authorization:
I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

I hereby authorize the Township of Sumpter to investigate my driving and criminal record. I understand that this investigation may result in my not being deemed eligible for employment with Sumpter Township.

Date _____ Signature _____

Equal Opportunity Employment Data

In accordance with **Federal Equal Employment Opportunity Guideline**, Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Gender

Check one: Female Male

Ethnic/Race Group

Check one: White Black Hispanic Multi Racial

American Indian/Alaskan Native Asian/Pacific Islander

Handicapped and Veteran Status

Check all that apply: Vietnam Era Veteran Disabled Veteran Handicapped Individual