



Grand Traverse Metro Fire Department

Grand Traverse Metro Emergency Services Authority

Application for Employment

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, height, weight, or disability.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application.
False statements on this application form shall be considered sufficient cause for termination.

Name (Last, First, Mi Initial)		
Address		
Home Telephone ()	Work ()	Cell ()
Drivers License Number	E-Mail	
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION: *Position or Type of Employment Desired* Part-Paid Full-Time

FIREFIGHTER / EMT - RESIDENCY PROGRAM

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 Metro Emergency Services Authority 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 Metro Emergency Services Authority will preclude any claim that the employer failed to accommodate the person with a disability.

Will you be able to perform the duties of the position for which you are applying with, or without accommodation? Yes No

EDUCATION AND TRAINING:

High School Graduate or General Education Test Passed? Diploma issued?	<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. (Most Recent First)

Name and Location	Attended Month / Year	Graduated? Yes / No	Year	Degree (Major/Subject taken)

License, Certificate or Registration	Number	Date Issued	Expiration Date
<input type="checkbox"/> MFFTC Firefighter I or II			
<input type="checkbox"/> Medical License			

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SPECIAL SKILLS <i>(List all pertinent skills and equipment that you can operate)</i>	

WORK EXPERIENCE <i>(Include voluntary work and military experience)</i>		
Employer	From (Mo/Yr)	Hrs per Wk
	To (Mo/Yr)	
Address	Number of Employees Supervised	Last Salary
Title / Position	Telephone Number ()	
Specific Duties		
Reason For Leaving		

Employer	From (Mo/Yr)	Hrs per Wk
	To (Mo/Yr)	
Address	Number of Employees Supervised	Last Salary
Title / Position	Telephone Number ()	
Specific Duties		
Reason For Leaving		

Employer	From (Mo/Yr)	Hrs per Wk
	To (Mo/Yr)	
Address	Number of Employees Supervised	Last Salary
Title / Position	Telephone Number ()	
Specific Duties		
Reason For Leaving		

I swear all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Signature of Applicant: _____ Date: _____

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ADDITIONAL INFORMATION

Are you currently bound by any agreement with a former employer that would prevent you from working here? Yes No

Have you ever been convicted of a crime? Yes No

If so, where, when and nature of offense:

Do you have any felony charges pending against you? Yes No

If so, please explain:

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 Metro Emergency Services Authority as they are from time to time changed.

I agree that any action or suit against the Grand Traverse Metro Emergency Services Authority 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.

(Signature)

(Date)

Applications will be kept on file for 1 year after date of application.

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