



**SPAULDING TOWNSHIP**

5025 EAST ROAD

SAGINAW, MI 48601

Phone Number: (989)777-0950, 777-2733

Fax Number: (989)777-1522



***Volunteer Firefighter Application***

**PERSONAL**

Application Date: \_\_\_\_\_

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

First

Middle

Last

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

Social Security Number: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Have you been previously employed here?

Driver's License#: \_\_\_\_\_

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

Have you filed and application before? \_\_\_\_\_

If yes, date(s): \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Do you have a vehicle that you can drive to training sessions and emergencies?

**Employment Desired**

Position(s) applied for: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_

Check the usual times when you would be available to respond to emergencies:

Available Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat
6:00 am to noon							
Noon to 6:00 pm							
6:00 pm to midnight							
Midnight to 6:00 am							

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

The reason(s) I am applying for membership in the Spaulding Township Fire Department are:

After reviewing the job description of a volunteer firefighter, do you know of any reason why you could not perform the work?

*Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim that the employer failed to accommodate the disabled individual.*

**References (Do not include relatives or former employers)**

	Name	Address (Street, city, state, zip)	Phone Number	Years Acquainted
1				
2				
3				

**Experience**

Education	High School	Vocational	College	Advanced Education
School				
City/State				
Degree/Area				

Military	Branch	Highest Rank	Dates	Assignment
<input type="checkbox"/> <b>None</b>				

List special/technical training received:

Are you in the reserves? If yes, date obligation ends:

Fire/Rescue	Fire Department	City/State	Highest Rank	Assignment
<input type="checkbox"/> <b>None</b>				

EMS	Department	City/State	Position			
	<input type="checkbox"/> <b>None</b>			First Responder <input type="checkbox"/>	EMT <input type="checkbox"/>	EMT-IV <input type="checkbox"/>

**Additional Information**

Have you ever been convicted of a felony?    Yes \_\_\_\_\_    No \_\_\_\_\_

Do you have a valid driver's license?    Yes \_\_\_\_\_    No \_\_\_\_\_

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, criminal history, medical history (post-offer only), or credit 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. I hereby release you and them from any liability whatsoever as a result of any such inquires 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 Spaulding Township Supervisor.*** I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the township as they are from time to time changed, and no additional obligations can be imposed on the township except those which have been acknowledged in writing by the township. I hereby authorize the township to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to, the township during the course of my employment.

***I agree that any action or suit against the township, its agents or employees, 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 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the township, in which the township prevails, I will pay to the township any and all such costs incurred by the township in defense of said claims or actions, including attorney fees.*** I further agree that my employment is conditional until such time as the results of my post-offer physical are known.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Name Signature

\_\_\_\_\_  
Street Address, City, State, Zip

\_\_\_\_\_  
Telephone Number