

APPLICATION

NEGAUNEE TOWNSHIP FIRE DEPARTMENT
42 M-35, NEGAUNEE, MICHIGAN 49866

Name: _____ Age: _____

Address: _____ Phone: _____

Social Security #: _____ Date of Birth: _____

Spouse or Next of Kin: _____ No. of Children: _____

Type of Employment: _____ Years: _____

Shift Work? _____ Property Owner in Township? _____ Renter? _____

Fire Fighting Experience. Describe: _____

Medical or First Aid Training. Describe: _____

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IF YES IS ANSWERED TO ANY OF THE FOLLOWING,
ATTACH EXPLANATION TO APPLICATION.

Have you any chronic ailment
or physical defect? _____

Have you had any illness,
accident, or operation? _____

Have you ever received compensation
for an injury? _____

Date of last physical: _____

Have you ever been convicted of a
Felony or Misdemeanor? _____

Have you ever been refused
a bond? _____

Have you ever had your driver's license
suspended? _____

Have you ever received a traffic
ticket(s)? _____

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I hereby affirm that the information contained in this Application is true and correct. I understand that any false statement may be considered as sufficient cause for rejection of this Application, or for dismissal, if such false statement is discovered subsequent to my membership in the Department. I also understand that my membership is contingent upon successfully passing the Department's Pre-membership Physical Examination. I also agree to attend all required fire fighting schools when not working and abide by the Constitution and Bylaws of the Negaunee Township Fire Department.

APPLICANT SIGNATURE: _____ DATE: _____

PROPOSER SIGNATURE: _____ DATE: _____

AN EQUAL OPPORTUNITY DEPARTMENT