

**Application**  
**Negaunee Township Fire & EMS Department**  
**42 M-35, Negaunee, Michigan 49866**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                    First                    Middle

Address: \_\_\_\_\_  
                    No.                    Street                    City                    Zip

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
  Name  Phone

Current Employer: \_\_\_\_\_

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

If Yes is answered to any of the following, please attach an explanation to the application:

Are you legally eligible for employment in the US? Yes\_\_\_\_ No\_\_\_\_      Have you received compensation for an injury? Yes\_\_\_\_ No\_\_\_\_

Are you over the age of 18? Yes\_\_\_\_ No\_\_\_\_      Have you ever been convicted of a felony or misdemeanor? Yes\_\_\_\_ No\_\_\_\_

Were you previously employed by us? Yes\_\_\_\_ No\_\_\_\_      Have you ever had your driver's license suspended? Yes\_\_\_\_ No\_\_\_\_  
When? \_\_\_\_\_

Do you have any chronic ailment or physical defect? Yes\_\_\_\_ No\_\_\_\_      Have you ever received a traffic ticket? Yes\_\_\_\_ No\_\_\_\_

Have you had any illness, accident, or operation that would affect your ability to perform emergency work? Yes\_\_\_\_ No\_\_\_\_      Have you ever been refused a bond? Yes\_\_\_\_ No\_\_\_\_

## Fire Service Experience

Name, Address & Phone	From	To	Reason for Leaving	Name of Supervisor
Describe your work:				

Name, Address & Phone	From	To	Reason for Leaving	Name of Supervisor
Describe your work:				

Name, Address & Phone	From	To	Reason for Leaving	Name of Supervisor
Describe your work:				

Please list any fire service or medical training you have received or other skills and experience. Provide copies of training certificates if available.

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## Personal References

Name & Occupation	Address	Phone

I hereby affirm the information contained herein is true and complete. 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 understand my membership is contingent upon successfully passing the department's pre-membership physical examination and I hereby consent to a criminal background investigation and approve contact of my references and former employers. I understand and agree that my employment is at-will and may be terminated by either party with or without notice, at any time, for any or no reason. I agree to attend all required training sessions and abide by the constitution and bylaws of the department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_