**Almira Township is committed to a policy of equal employment opportunities for all individuals and will provide equal employment opportunities while fully complying with all applicable federal, state, and local laws, rules, and regulations prohibiting discrimination, including but not limited to, on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, gender expression, genetic information, religion, age, disability, veteran status, military status and any other considerations protected by federal, state, or local laws.**

**Applications lacking sufficient information will not be processed.** Please be sure to complete the entire application. Also note that, once submitted to a government agency, this completed form will be subject to all applicable public records laws. Completed applications should be mailed or dropped off at the address above, or can be emailed to:  
firechief@almiratownshipmi.gov.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | |
| Last Name: | First Name: | | M.I. | | Date: | |
| Street Address: | | | | | Apt/Unit # | |
| City: | | State: | | | Zip: | |
| Phone: | | E-Mail Address: | | | | |
| Alternate Phone: | | Social Security #: | | | | |
| Driver’s License State: | Driver’s License #: | | | Expiration Date: | | |
| Are you legally authorized to work in the United States? | | | | Yes | | No |
| Are you 18 years of age or older? | | | | Yes | | No |
| Are you a Certified Emergency Medical Technician or Higher? | | | | Yes | | No |
| Do you have a Firefighter I & II Certification? | | | | Yes | | No |
| Do you have a high school diploma or a General Education Development (GED) certificate? | | | | Yes | | No |
| Have you ever been convicted of a crime, other than a minor traffic violation?  If yes, please provide details: | | | | Yes | | No |
| Which type of employment are you applying for?  Paid On-Call  Part-Time  Full-Time | | | | | | |

**Please supply an accurate full-time and part-time employment record, starting with your present or most recent employer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** | | | | |
| Employer: | | | Phone: | |
| Address: | | | Supervisor: | |
| Job Title: | | Hours Worked  Per Week: | | Ending Rate  Of Pay: |
| Responsibilities: | | | | |
|  | | | | |
| Employed  From: To: | Reason for Leaving: | | | |
| Were you Employed: Full-Time  Part-Time  How Long? | | | | |
| May we contact your current/previous supervisor for a reference? Yes  No | | | | |
| Employer: | | | Phone: | |
| Address: | | | Supervisor: | |
| Job Title: | | Hours Worked  Per Week: | | Ending Rate  Of Pay: |
| Responsibilities: | | | | |
|  | | | | |
| Employed  From: To: | Reason for Leaving: | | | |
| Were you Employed: Full-Time  Part-Time  How Long? | | | | |
| May we contact your current/previous supervisor for a reference? Yes  No | | | | |
| Employer: | | | Phone: | |
| Address: | | | Supervisor: | |
| Job Title: | | Hours Worked  Per Week: | | Ending Rate  Of Pay: |
| Responsibilities: | | | | |
|  | | | | |
| Employed  From: To: | Reason for Leaving: | | | |
| Were you Employed: Full-Time  Part-Time  How Long? | | | | |
| May we contact your current/previous supervisor for a reference? Yes  No | | | | |

**If you need additional space, please attach extra sheets to this application.**

|  |
| --- |
| **WORK CONDUCT** |
| Have you ever been subject to disciplinary action or been investigated by an employer  or professional organization? Yes  No |
| If yes, please provide the following information for each occurrence: |
| Reason for Discipline/Investigation: |
|  |
| Date(s) of Occurrence: |
| Supervisor’s Name/Title/Phone #: |
| Name of Organization: |
| Final Resolution or Determination: |
| Reason for Discipline/Investigation: |
|  |
| Date(s) of Occurrence: |
| Supervisor’s Name/Title/Phone #: |
| Name of Organization: |
| Final Resolution or Determination: |

**If needed, please attach additional sheets to this application.**

|  |  |
| --- | --- |
| **MILITARY SERVICE** | |
| Branch: | Served:  From: To: |
| Rank at Discharge: | Type of Discharge: |
| If other than honorable, explain: | |
|  | |
| **CERTIFICATIONS & LICENSES** | |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |
| Type: | Expiration Date: |
| License/Certification #: | Issuing Agency: |

**Please list three persons who have knowledge of our experience and qualifications, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives.**

|  |  |
| --- | --- |
| **REFERENCES** | |
| Full Name: | Relationship: |
| Address: | Phone #: |
| Years Acquainted: | |
| Full Name: | Relationship: |
| Address: | Phone #: |
| Years Acquainted: | |
| Full Name: | Relationship: |
| Address: | Phone #: |
| Years Acquainted: | |
| **ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER:** | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

|  |
| --- |
| **DISCLAIMERS & SIGNATURE** |
| 1. I certify that my answers given herein are true and complete to the best of my knowledge. I understand that failure to complete this application accurately and, in its entirety, may be cause for Almira Township Fire & EMS Department to disqualify my application. |
| 1. In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. |
| 1. I agree and understand that any employment offer is conditional upon the results of a background check and post-offer medical examination, which includes drug and alcohol tests. |
| 1. I understand, acknowledge, and hereby consent to each of the above statements and conditions. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Applicant) (Date)

*This page requires a handwritten signature.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name of Applicant)

Firefighter Personnel Background Check Request

Prior to LEIN access, the head of a law enforcement agency **(the Agency)** providing access and the chief of the organized fire department **(the Department)** receiving the information shall sign a Memorandum of Agreement regarding request and receipt of LEIN information, as approved by the Michigan State Police.

The Department may request and receive LEIN information, in the form of a printout or otherwise, through the Agency only for the following purposes:

1. A pre-employment criminal convictions history (**purpose code “E” only**) check.
2. A pre-employment driving record check.

If the Agency receives a LEIN/NCIC record indicating the job applicant is “wanted”, the Agency shall act accordingly upon the warrant or order. However, the LEIN/NCIC warrant information shall not be given to the Department.

After review of the information by the Department, **LEIN printouts shall be immediately crosscut/confetti shredded, or otherwise destroyed.** **In no instance, shall a printout or other record of LEIN information be maintained in a case file.**

The Department shall be responsible for maintaining proper evidence of LEIN transactions. This includes (but not limited to) application forms, incident reports and electronic global database entries.

|  |  |  |  |
| --- | --- | --- | --- |
| Requesting Fire Department | Almira Township Fire & EMS Department | | |
| Fire Chief | Brad Drury | | |
| Date of request |  | | |
| Applicant Information | | | |
|  | |  |  |
| Last name | | First Name | Middle Name |
| Date of Birth | |  | |
| Driver’s License Number | |  | |

I authorize Benzie County Central Dispatch on behalf of the Benzie County Sheriff’s Office to conduct a pre-employment criminal history check and a pre-employment driving records check as part of the application process for the requesting fire department.

Applicant’s signature Date

*This page requires a handwritten signature.*