

ORANGEVILLE TOWNSHIP
VOLUNTEER FIRE DEPARTMENT

Firefighter Application

Name _____
Address _____

Date _____
Drivers License Number _____
Social Security Number _____
Date of Birth _____
Phone number (home) _____
Phone number (work) _____

E Mail Address: _____

Beneficiary: _____

Position Applying For (check one):

Firefighter: _____
Firefighter/First Responder: _____
First Responder: _____

Employer _____

Make/Model of Car _____

Normal Work Hours _____

Year Car Built _____

Work Weekends? (Yes) (No)

Can You Leave Work? (Yes) (No)

Agree to have a physical examination (yes) (no)

Agree to all immunizations as required (yes) (no)

Agree to have my driving record checked (yes) (no)

Agree to have a criminal history check completed (yes) (no)

The Reason(s) I am applying for membership on the fire department:

Any impairment (physical, mental or other) that would prevent me from performing fire department duties:
(yes) (no). If "yes" please explain:

In case of emergency, contact: _____ phone number _____

Name of Physician _____ phone number _____

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information, including conducting background checks and obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person, and release any agencies or persons from any liability connected with such disclosure.

I further agree that if accepted for membership on the fire department, I will obey all policies and procedures of the township, the fire department and all applicable statutes of Michigan. I understand that membership on the fire department is on an at-will basis, and may be terminated by the township for any reason.

Applicant's Signature _____