

**MORTON TOWNSHIP FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

**P. O. BOX 2  
MECOSTA, MI 49332  
OFFICE USE**

Date Hired: \_\_\_\_\_ Starting Rate \_\_\_\_\_

Position applied for \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**PERSONAL INFORMATION**

MICHIGAN DRIVER LICENSE NO. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Are you over the age of eighteen? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 10 years?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

Michigan Dept. of Public Health License  
Expiration \_\_\_\_\_ License No. \_\_\_\_\_ Level \_\_\_\_\_ Date \_\_\_\_\_

What was the last level of formal education you received? \_\_\_\_\_

Describe any other training or education. \_\_\_\_\_

\*Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
\*\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**GENERAL**

**SPECIAL CERTIFICATION TRAINING**

WHEN ARE YOU AVAILABLE FOR AN INTERVIEW? \_\_\_\_\_

**PLEASE ATTACH YOUR RESUME TO THIS APPLICATION**

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH - YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

May we contact the employers listed above? \_\_\_\_\_ If not, indicate which ones you do wish us to contact?

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWD BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED : YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED:

**\*\*To the Applicant: Morton Township is an equal opportunity employer and does not discriminate on the grounds of race, color, religion, sex, national origin or handicap as set forth in the Civil rights Act of 1964 and P.L. 90-202.**

10-11-2007

MORTON TOWNSHIP AUTHORIZATION TO  
OBTAIN A CRIMINAL HISTORY REPORT

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Last Name

First Name

Middle Name

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Address

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Home Telephone Number

Cell Number

Work Number

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Michigan Driver's License Number or Michigan I.D. Number

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Date of Birth

MORTON TOWNSHIP HAS MY AUTHORIZATION TO OBTAIN A CRIMINAL HISTORY REPORT.

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Signature

Date

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Witness

Date

Comments: \_\_\_\_\_

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