



# Highland Township Fire Department

## EMPLOYMENT APPLICATION

### Application information

Full name:

\_\_\_\_\_  
*Last First M.I.*

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_  
*Street address Apt/Unit #*

Phone:

\_\_\_\_\_

\_\_\_\_\_  
*City State Zip Code*

Email:

\_\_\_\_\_

Date Available:

\_\_\_\_\_

S.S. no:

\_\_\_\_\_

Desired Position  
and Salary:

\_\_\_\_\_

Are you a citizen of the United States?

Yes ☐ No ☐

Are you 18 or older?

Yes ☐ No ☐

Have you previously applied to this  
department?

Yes ☐ No ☐

If yes, under  
what name and  
when?

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes ☐ No ☐

If yes, explain?

\_\_\_\_\_

Are there any days or hours of the week you  
cannot work?

Yes ☐ No ☐

If yes, list  
day(s) and  
time(s):

\_\_\_\_\_

# Education

High school:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:	
College:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
Other:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	

# References

(Please list three professional resources not related to you)

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	
Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

# Previous Employment

(Most recent employer)

Are you currently employed?    Yes ☐ No ☐

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ending Salary:	_____		

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

# Military Service

Branch:	_____	From:	_____ To: _____
Rank at discharge:	_____	Type of discharge:	_____
If other than honorable, explain:	_____		

## Disclaimer

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform Highland Township prior to the test so that a reasonable accommodation can be made. Highland Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

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 with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and formally authorized by the Township Board.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically identified to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Highland Township and waive any right that I might have to be provided with notice that they are releasing this information, specifically any notice rights under the Bullard-Plawecki Employee Right-to-Know Act.

I authorize a criminal background check and a check of my driver's license records, and I agree to sign authorizations for release of that information both as part of this application and in the future, if hired. I understand that refusal to do so will result in my application being considered as withdrawn and that refusal to do so while employed with Highland Township could result in immediate termination of my employment.

I agree that any claim or lawsuit relating to my employment with Highland Township must be filed no later than six months after the employment action that is the subject of the claim or lawsuit, unless applicable law provides for a shorter statute of limitation, in which case the shorter limitation period controls. This paragraph does not apply to claims based on federal law for which filing a charge with the Equal Employment Opportunity Commission is a prerequisite to filing a lawsuit.

Employees may be asked to pass a medical examination, and/or a drug test from a Township appointed physician at no cost to the applicant. This would occur after a conditional offer of employment and must be scheduled and complete prior to the employee's first date of employment.

Candidates must provide original documents establishing their employment eligibility as required under the Immigration Reform and Control Act of 1986.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Highland Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known. Federal law has no such requirement.