



CALEDONIA FIRE DEPARTMENT

Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone (C)				Phone (H)					
Date Available				Desired Salary			Email		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you related to an employee of CFD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who? Relationship?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
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									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Salary	Hourly Rate	
Responsibilities			
From	To	Still employed?	Reason for leaving?
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Salary	Hourly Rate	
Responsibilities			
From	To	Still Employed?	Reason for leaving?
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Salary	Hourly Rate	
Responsibilities			
From	To	Still Employed?	Reason for leaving?
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:	

AUTHORIZATION TO RELEASE INFORMATION
As an applicant for a position with the Charter Township of Caledonia, I have been asked to supply information to assess my background and qualifications. To facilitate this process, I hereby authorize the investigation of my past and present, work, education, military service, character, and police records, to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment.
I hereby authorize you to provide any and all information, or record, or not, and release you and all persons, agencies, companies and firms from any damage that may result from providing such information.
Signature Date

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

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 a pre-employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township of Caledonia prior to the test so that a reasonable accommodation can be made. The 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 signed by both the Supervisor and the person to whom the writing is directed.

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 excepted* 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 the Township.

Signature

Date

*Employers specifically excepted:

Please attach resumé and a copy of current state driver’s license to this application