

PRE-EMPLOYMENT APPLICATION

FULL NAME: _____

LAST

FIRST

MIDDLE

SS#: _____ DOB: _____

DRIVERS LICENSE #: _____ RESTRICTIONS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOW LONG HAVE YOU LIVED HERE: _____ YEARS _____ MONTHS

HOME PHONE #: _____ CELL PHONE #: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HAVE YOU LIVED OUT OF STATE: _____ IF SO WHERE: _____ WHEN: _____

LIST ALL PREVIOUS FIRE DEPARTMENTS YOU WERE A MEMBER OF AND THE FIRE CHIEF'S NAME AND DEPARTMENT PHONE NUMBER:

1. _____

2. _____

3. _____

HAVE YOU BEEN ARRESTED AND/OR CONVICTED OF ANY CRIME? YES NO IF YES, EXPLAIN: _____

TO THE BEST OF YOUR KNOWLEDGE COULD YOU PASS A PHYSICAL EXAM? YES NO IF NO EXPLAIN:

HAVE YOU EVER BEEN PART OF THE MILITARY SERVICE? YES NO IF YES, EXPLAIN YOUR DISCHARGE STATUS AND PROVIDE A COPY OF IT: _____

Please return this form to the Fire Chief at firechief@scafd.com.

CONSENT AUTHORIZING SEARCH OF
DRIVING RECORD AND CRIMINAL RECORD

I, _____, in making and filing of an application to secure employment as a Firefighter with the SWARTZ CREEK AREA FIRE DEPARTMENT, do hereby authorize and consent to Fire Chief Dave Plumb of said department, and/or any of his authorized agents or any member of the SWARTZ CREEK AREA FIREBOARD, to conduct a complete search of my past driving record with the Michigan Law Enforcement Identification Network (LEIN) through the Swartz Creek Police Department.

I do authorize and consent to said person or persons as herein above mentioned, to conduct a complete search and to secure a written copy, if any, of my criminal background.

I realize that any information that may be obtained as a result of this consent authorizing a search of my past driving record and of my past criminal record may be used as a consideration in my securing employment with the SWARTZ CREEK AREA FIRE DEPARTMENT.

Dated at Swartz Creek, Michigan, this _____ day of _____, 20____.

Applicant Signature

Printed Name

Witnesses:



Swartz Creek Area Fire Department

Serving Clayton Twp. and Swartz Creek Since 1925
8100 B Civic Dr., Swartz Creek MI 48473-1376 • phone: 810-635-2300 • fax: 810-635-7461

RELEASE OF INFORMATION

I do hereby authorize and give permission for any representative of the Swartz Creek Area Fire Department to obtain records, and information in their pursuit of a background investigation or medical history or procedure on me.

I give permission to the holder of information to release such information to a representative of the Swartz Creek Area Fire Department and waive my rights per prior agreements. I further waive any privileges that may exist.

Signed _____ Date: _____

Printed Name _____

Social Security# _____