

	School Name	City State	Dates Attended	Course of Study	Diploma / Degree
High School					
College					
Other (specify)					
Other (specify)					

List Professional Licenses, Registrations, and/or Certifications

Employment History

Start with your present or last job. Include any military service and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, disabilities, or other protected status. List all employers since high school.

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Wage/Salary	Supervisor
Reason for Leaving	

Employment History (continued)

Employer	Dates Employed From: _____ To: _____
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Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Wage/Salary	Supervisor
Reason for Leaving	

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Wage/Salary	Supervisor
Reason for Leaving	

Employer	Dates Employed From: _____ To: _____
Street Address	Telephone
City, State, Zip	Work Performed
Job Title	
Wage/Salary	Supervisor
Reason for Leaving	

If you need additional space, please continue on a separate piece of paper.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment, education, or other experience. Use this space to provide additional information in support of your candidacy for the position applied for.

Applicant's Statement and Certification

By signing and submitting this application for employment, I certify that all information contained in it is true and complete to the best of my knowledge and belief.

I authorize investigation by the Hastings Fire Department of all statements contained in this application and further authorize all former employers and others acquainted with my education, experience and character to cooperate with the Hastings Fire Department in such investigation. I release any such persons from any and all liability deriving from their provision of any information about me.

I understand and agree that, in the event of my employment with the Hastings Fire Department, false or misleading information provided by me in my application or interview(s) may result in my immediate discharge.

I further understand and agree that, if employed, I will abide by all rules and regulations of the Hastings Fire Department.

I further understand and agree that any employment with the Hastings Fire Department will be **AT WILL** which means that I may be terminated from that employment with or without cause and with or without notice and that no person in whatever position is authorized by the Hastings Fire Department to convey or imply any terms of employment to the contrary.

Signature of Applicant

Date

AUTHORITY TO RELEASE PERSONAL INFORMATION

I hereby authorize the City of Hastings, Michigan to investigate my background, including criminal history, driving record, current and previous employment, educational background, personal history, and to conduct any other investigation that it deems appropriate.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officers or other appropriate persons to furnish the City of Hastings with all information it may have pertained to me.

I hereby authorize the release of any and all such records of any confidential information to any member of the Hastings Fire Department and the City of Hastings, to be used in conjunction with my application for employment as a fire fighter. Further, in consideration of the City of Hastings considering my application for employment, I hereby release, relieve, and indemnify the City of Hastings, Michigan, the Hastings Fire Department, such custodian of the records as herein indicated, any and all liability and any law enforcement agency or personnel, and any current or previous employer, from and against any and all liability and/or damages of whatsoever kind of nature arising from the disclosure of any information and/or records pertaining to me which is obtained during such investigation. Further, in consideration thereof, I hereby waive statutory written notice for the release of disciplinary reports, letters of reprimand, or other disciplinary action; and any rights afforded me pursuant to M.C.L. 423.501, the Employee Right to Know Act.

This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

SIGNATURE: -----DATE: -----

FULL NAME:(please print) -----

ADDRESS: -----

DRIVERS LICENSE#: -----

DATE OF BIRTH: -----SS#: -----

WITNESS: -----SIGNATURE: -----

PLEASE PRINT