

Hastings Fire Department Application for Employment

The Fire Department is an Equal Oppo	rtunity Employer.		
	Please print a	all responses.	
Position applied for:		Application date:	
Last Name	First Name		Middle Name
Street Address	City, State		Zip Code
Home Telephone Number	Cell Pho	one Number E I	Mail Address
Are you prevented from becoming lawfully employed in the United States?	Yes No	Are you available to work?	Full-time Part-time Temporary
Are you currently employed?	Yes No	May we contact your current employer?	Yes No
Are you currently on "lay-off," status and subject to recall?	Yes No	Are you 21 years of age or older?	Yes No
On what date would you be available	e to start work?		
Do you have any physical limitations applying? Yes N		ou from performing the	job for which you are
If yes, what can be done to accomm	odate your limi	tation?	
Have you been convicted of a felony	within the last	seven years?Y	es No
If yes, please give details including of	charge, location	, circumstances, etc.	,
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Education

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

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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:	

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	
Limpleyer	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.

2	ther 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.
4,	oplicant'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

CRIMINAL HISTORY CONSENT FORM

As a Prospective employee of the HASTINGS FIRE DEPARTMENT , I understand that is the agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information provided below:			
NAME:LAST	FIRST	MIDDLE	
Maiden name/names previously us	ed:		
BIRTHDATE:			
SS#:			
DRIVER'S LICENSE NUMBER:			
I understand that the above information is required by the central records Division of the Michigan State Police, Lansing, Michigan. I authorize the Hastings Fire Department to utilize the above information for the purpose of obtaining a conviction only criminal history fire search.			
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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:PLEASE PRINT	SIGNATURE: