

# Brighton Area Fire Department

## Application For Employment

(Please Print Clearly)

(rev03/05/03)

Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

### PERSONAL INFORMATION

Last Name	First	Middle		
Address Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	
In case of emergency, contact:				
Name	Address		Telephone Number	

### EMPLOYMENT DESIRED

Position(s) Applied For: \_\_\_\_\_

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How Did You Here About Us?

Advertisement                       Friend                       Walk In  
 Employment                       Relative                       Other  
 Referral by current member: (provide name of individual) \_\_\_\_\_

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Is a Resume attached?                       Yes                       No

Have You Ever Been Previously  
Employed with this Department?                       Yes                       No  
If yes, give dates \_\_\_\_\_

Are You Currently Employed?                       Yes                       No

May We Contact Your Present Employer?                       Yes                       No

Are You Currently On "Lay-Off" Status  
Or Subject To Recall?                       Yes                       No

Have you ever been convicted of a  
criminal offense?                       Yes                       No  
If yes, explain: \_\_\_\_\_

What Hours Would You Be Typically Available? \_\_\_\_\_

On What Date Would You Be Available To Start? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Please give an accurate, complete, full time and part time employment record. Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. List additional employers on a separate sheet, if necessary. You may exclude any organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer Name	Telephone ( )
	Address City/State/Zip Code	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason For Leaving
2	Employer Name	Telephone ( )
	Address City/State/Zip Code	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason For Leaving
3	Employer Name	Telephone ( )
	Address City/State/Zip Code	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason For Leaving
4	Employer Name	Telephone ( )
	Address City/State/Zip Code	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason For Leaving
5	Employer Name	Telephone ( )
	Address City/State/Zip Code	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason For Leaving

**EDUCATION**

	Name and Location of School	Number of Years Completed	Course of Study	Diploma / Degree Earned
High School				
College / University				
Vocational / Trade / Graduate School				
Other (specify)				

**GENERAL**

Describe any specialized training, apprenticeship, skills, certifications and / or extra curricular activities that you feel may be of benefit to this department or help qualify you for the position applied for.

**REFERENCES**

Please give the names of three (3) persons, not related to you, whom you have known for at least one (1) year.				
Name	Address	Telephone	Business	Years Known

**APPLICANT'S STATEMENT**

PLEASE READ THIS INFORMATION CAREFULLY AND INSURE THAT YOU UNDERSTAND IT IN ITS INTIRETY PRIOR TO SIGNING BELOW!

I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that this employer has the right to refuse to hire or immediately discharge me, at any time, should they discover that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I understand that this application for employment shall be considered active for a period of time not to exceed sixty (60) days from the date signed below. Should I wish to be considered for employment by this employer beyond that time frame, I will then need to inquire as to whether or not applications are being accepted at that time.

I hereby authorize this employer to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party contacted by this employer to release to them any information they have regarding me without providing written notice to me.

I authorize this employer to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and, I release this employer from any liability in connection with such use or disclosure.

If I am hired by this employer, I understand and agree that I will be bound by the rules, regulations, policies, procedures and other terms and conditions of employment for this employer as they are from time to time changed, with or without notice to me.

If I am hired by this employer, I understand that I have the right to terminate my employment at any time and for any reason, with or without cause. I further understand that, except as set forth in any collective bargaining agreement, this employer may terminate my employment with them at any time, with or without cause and with or without notice. This employment relationship (at will) exists regardless of any other written statements, policies or documents of this employer or any verbal statement to the contrary.

I understand that any offer of employment is subject to satisfactory completion of a pre-employment physical examination and related testing, including verification of driving record and information disclosed within this application.

I agree not to commence any action or claim relating to my employment with this employer or this application for employment more than six (6) months after termination of such employment, or the date of this application, and to waive any statute of limitations to the contrary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**RELEASE OF INFORMATION**

To Whom It May Concern:

I hereby authorize any representative of the **Brighton Area Fire Department** bearing this release document, to obtain information to obtain information from you files or other sources pertaining to my personal background including, but not limited to, academic achievement, attendance, personal history, disciplinary action, medical background or conditions, credit, or any other records that you may have regarding me. This release is executed with full knowledge and understanding that the information is to remain confidential and is for official only by the Brighton Area Fire Department.

Consent is granted for the Brighton Area Fire Department to furnish such information, as described above, to third parties in the course of the Brighton Area Fire Department fulfilling its official responsibilities with regard to my application for employment.

I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damage of what ever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

Last Name		First	Middle		
Address Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		
Drivers License Number			Date of Birth		
Signature			Date of Signature		

**FOR INTER-DEPARTMENT USE ONLY**

Application Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Approver: (Officer) _____		
Arrange 1 <sup>st</sup> Oral Interview with committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date and Time Oral Interview Scheduled for: _____		
Signatures of Interviewer(s): _____		
Pass / Fail _____		
Remarks: _____		
Arrange 2 <sup>nd</sup> Oral Interview with Chief Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date and Time 2 <sup>nd</sup> Interview Scheduled for: _____		
Signature of Interviewer(s): _____		
Pass / Fail _____		
Remarks: _____		
Physical Agility Test Scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date and Time of Agility Test: _____		
In-House: _____ Conference for Western Wayne: _____		
Pass / Fail (verified through test results)		
Remarks: _____		
Scheduled for Pre-Placement Physical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Physical: _____		
Pass / Fail _____		
Approved for Hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Approver: _____ (Chief Officer) Hire Date: _____		
Station Assignment: _____ Training Sergeant Assignment: _____		
Position / Title: _____ Starting Rate of Pay: _____		