

**PENINSULA TOWNSHIP FIRE &  
RESCUE EMPLOYMENT  
APPLICATION**

When submitting your application include the following:

1. Application
2. Cover letter describing why this position interests you, what the Peninsula Township Fire Rescue department offers you and what you have to offer Peninsula Township.
3. Resume
4. Copies of your **relevant** certifications as it relates to your application. We would like to see copies of Firefighter I/II, Hazardous Materials Ops or Technician, Company Officer I/II series, Fire Inspector I, Fire Instructor, Paramedic, ACLS, and so forth. For example there is no reason to include a one-day four hour class certificate for the water hazard awareness.



## Peninsula Township Fire Department Employment Application

### An Equal Opportunity Employer

Peninsula Township is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections*

### Applicant Information

Applicant Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

How were you referred to the Township? \_\_\_\_\_

### Employment Positions

Position(s) applying for: \_\_\_\_\_

Temporary work – such as summer or holiday work?  Yes  No

Regular part-time work?  Yes  No

Regular full-time work?  Yes  No

What days and hours are you available to work? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Information

Have you ever applied to or worked for Peninsula Township before?  Yes  No

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Peninsula Township?  Yes  No

If yes, state name & relationship: \_\_\_\_\_

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age)  Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

Have you ever been investigated for, charged with, or convicted of a criminal offense (felony or misdemeanor)? [ ] Yes [ ] No

If yes, please describe the crime – state the nature of the crime(s), when and where convicted and disposition of the case:

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**Education, Training and Experience**  
**EDUCATION**

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

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**EXPERIENCE**

Please list beginning from most recent and include employment history for the past ten years

<b>Employment History</b>			Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:		Dates Employed:		Job Title:	
		From _____ To _____			
Address:					
Telephone:			Job Duties:		
Weekly Pay Start:		Finish:			
Reason for Leaving:					

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

**Additional Certification Information**

Do you possess the following certificate, licensure or credential as recognized by the State of Michigan or other accrediting bodies? Include copies with your application packet.

- Firefighter I/II     Yes     No
- Haz-Mat Ops         Yes     No
- Haz-Mat Tech        Yes     No
- Fire Instructor I    Yes     No
- Fire Inspector      Yes     No
- Comp. Ofc I/ II     Yes     No
- Pump Operator       Yes     No
- EMT – Basic         Yes     No
- Paramedic           Yes     No
- EMS I/C              Yes     No

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Peninsula Township is an Equal Opportunity Employer. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. State law also prohibits some or all of the above-stated discrimination as well as some additional types, such as discrimination which may include ancestry, sexual orientation and marital status. It is the policy of Leland Township not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, or sex.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that false statements on this application shall be considered sufficient cause of dismissal both pre and post-employment. You are hereby authorized to make investigation of my personal references. I understand that I may be subject to physical, psychological, medical, background, driving and other assessments as part of the hiring process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization and Understanding:**

Upon signing of this application, I request that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit, or medical history with the appropriate individual, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without obligation to give me written notice of such disclosure and hereby release you and them from any liability whatsoever as a result of any such inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Fire chief. I agree that I shall be bound by other rules, policies, regulations, and terms and conditions of employment of the Peninsula Township Fire Department as they are from time to time changed.

I agree that any action or suit against the Peninsula Township Fire Department arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within six months of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Applicant's consent to perform background check:**

As an eligible applicant for a position with the Peninsula Township Fire Department, I consent to the use of my name, driver license number, and social security number for a criminal background check and driver license check, and that the Peninsula Township Fire Department will keep this information private and secure.

I understand that any information uncovered by the background/driver check that is contrary to my previous statements may be cause for my application process to be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pre-employment Substance Abuse Screening:**

All applicants for employment may be required to undergo a substance abuse screening (also called a drug testing) as part of the hiring process as a condition of employment.

Failure to consent to substance abuse screening will be considered a voluntary withdrawal from the employment process.

Applicants with positive findings i.e. that report the presence of legal or illegal or narcotics or alcohol otherwise not explained by prescription medication, shall be discontinued from the employment process.

**Applicants so discontinued will be notified of the reason and afforded an opportunity to discuss the screen results with the Fire Chief.**

**Substances to be tested for include marijuana, cocaine, opiates, phencyclidine(PCP), amphetamines and their chemical by products called metabolites.**

**Your signature below acknowledges that you have read this notice and understand that pre-employment substance abuse screening is a condition of employment with Peninsula Township Fire Department, and that your informed consent to such screening is given.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Interview:**

**I Chief Fred Gilstorff have interviewed the applicant for a position with the Peninsula Township Fire Department and have found the applicant to be satisfactory to continue with the hiring process.**

**Chiefs Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Township Board**

**Date submitted: \_\_\_\_\_**

**Date approved: \_\_\_\_\_**