



# PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460  
Telephone 616-399-6121 Fax 616-399-7173  
www.portsheldontwp.org | info@portsheldontwp.org

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## Application for Employment Port Sheldon Township Fire Department Firefighter (Part Paid)

### Personal Information

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

Name (Last, First and Middle): \_\_\_\_\_

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

Present address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Are you 18 years of age or older? ( ) Yes ( ) No

Are you a citizen of the United States? ( ) Yes ( ) No

Have you ever been convicted of a crime (excluding minor traffic violations)? ( ) Yes ( ) No

If yes, describe in detail (include pending felony charges) \_\_\_\_\_

### Education

	Name and location of school	Diploma or Degree
High School	_____	( ) Yes ( ) No
College	_____	( ) Yes ( ) No
Other	_____	( ) Yes ( ) No

Are you a veteran? ( ) Yes ( ) No If yes, what branch? \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Are you a member of the Armed Reserves? ( ) Yes ( ) No

Have you had any firefighter training? ( ) Yes ( ) No

If yes, please describe in detail \_\_\_\_\_

Please list any other special training or skills you may have (languages, scuba training, law enforcement, etc.) \_\_\_\_\_



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## Prior Work History

Please list the three most recent employers with present employment listed first.

1. Current or most recent Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
2. Previous Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
  
3. Previous Employer: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## Personal References: (No relatives)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_



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Do you believe you can carry out all of the necessary job assignments for the position of firefighter? ( ) Yes ( ) No

If no, describe in detail \_\_\_\_\_

What days and hours do you currently work? \_\_\_\_\_

What days and times are you available for firefighter duty? \_\_\_\_\_

Are you able to leave your job if needed for fire duty? \_\_\_\_\_

**I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I recognize that any misrepresentation or falsification will be cause for rejection of this application, or for dismissal, if discovered after I have been hired. I agree to undergo a physical examination and/or drug testing anytime at the Township's expense to determine if I am physically fit for the job. I hereby authorize my former employers to give any information regarding my employment including workers compensation and alcohol and drug testing results together with any information regarding any record they may have on me, and release them from any damage whatsoever for issuing same to the Township of Port Sheldon. I hereby authorize any educational institution listed on this application to release information regarding any record they may have on me and release them from any damage whatsoever for issuing same to the Township of Port Sheldon.**

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Applicant's Signature and Date