



SOUTH LYON FIRE DEPARTMENT

Application for Employment

South Lyon Fire Department is an equal opportunity employer. Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation, or any other legally protected status.

Please return this completed application to the South Lyon Fire Department.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

E-mail address _____ Social Security Number _____

Position applying for:

- _____ In-district Part-time/ Paid-on-call Firefighter (Resides within 4.5-Miles "line-of-sight" from SLFD station)
- _____ Out-of-District Part-time Firefighter (Resides outside 4.5 miles "line-of-sight" from SLFD station)
- _____ Cadet Firefighter (16 – 18 years old & South Lyon High School Student/Resident)

Do you have State of Michigan Firefighter I & II certifications? Yes _____ No _____

Are you licensed as an EMT-B or higher in the State of Michigan? Yes _____ No _____

Referral by current member (provide name of individual) _____

Have you ever filed an application with us before? Yes _____ No _____ (If yes, give approximate date) _____

Have you ever been employed with us before? Yes _____ No _____ (If yes, give dates) _____

Are you currently employed? Yes _____ No _____ May we contact your present employer? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Can you provide proof of eligibility for employment in the United States? Yes _____ No _____

What days of the week are you available? _____ Prefer Days/Afternoons/Nights/Any? _____

How many shift(s) a week on average would you like to work: (check one)

_____ 0 (Paid-on-call only) _____ 1 _____ 2 _____ 3



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Applicant's Emergency Contact

Name _____ Address _____

City _____ State _____ Zip _____ Phone number _____

EMPLOYMENT HISTORY

The employment history section must be completed even if a resume is attached. Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer first include all positions with each employer. Please list additional employers on a separate sheet, if necessary. You may exclude any organizations which may indicate race, color, religion, gender, national origin, disabilities or other protected status.

MOST RECENT EMPLOYER

Company name	Location	Website	Phone
_____	_____	_____	_____

Name of Direct Supervisor	Title	Phone#	E-mail
_____	_____	_____	_____

Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
_____	_____	_____

Is your current employer aware you have applied for this position? Yes _____ No _____ N/A – Self employed _____

Duties / Responsibilities _____

Reason for leaving _____

SECOND MOST RECENT EMPLOYER

Company name	Location	Website	Phone #
_____	_____	_____	_____

Name of Direct Supervisor	Title	Phone#	E-mail
_____	_____	_____	_____

Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
_____	_____	_____



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Duties / Responsibilities _____

Reason for leaving _____

THIRD MOST RECENT EMPLOYER

Company name	Location	Website	Phone #
_____	_____	_____	_____

Name of Direct Supervisor	Title	Phone#	E-mail
_____	_____	_____	_____

Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
_____	_____	_____

Duties / Responsibilities _____

Reason for leaving _____

FOURTH MOST RECENT EMPLOYER

Company name	Location	Website	Phone #
_____	_____	_____	_____

Name of Direct Supervisor	Title	Phone#	E-mail
_____	_____	_____	_____

Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
_____	_____	_____

Duties / Responsibilities _____

Reason for leaving _____



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Have you ever been dismissed or asked to resign from any employment position? Yes _____ No _____

If yes, please explain: _____

GENERAL

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

Describe any specialized trainings:

List any specialized certifications and licensures:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list three people who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives. If you are known to your references by another name, please note.

Name	Email	Phone Number	Years known
1. _____			
2. _____			
3. _____			



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PERSONAL SUITABILITY

This section is used to highlight your suitability for this position and can be used to describe additional skills, experiences or attributes you offer. The applicant must complete this section in their own writing.

In your own words, please tell us what you would bring to this position:

PERSONAL INTERESTS / HOBBIES

COMMUNITY SERVICE / PERSONAL ACHIEVEMENTS



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Criminal History

Have you ever been convicted of a felony? Yes _____ No _____

If yes, where, and what was the charge? _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, where, and what was the charge? _____

List any and all driving violations that may show-up in your background check:

- _____
- _____
- _____
- _____
- _____

Do you have any criminal charges pending against you? Yes _____ No _____

If yes, state the nature of the pending charge and the jurisdiction where the charge is pending. _____

Have you ever been a suspect in a criminal investigation? Yes _____ No _____

If yes, state when and where you were a suspect, and the outcome of the case. _____

In the last seven (7) years have you been convicted or pled guilty to a criminal offense which was later expunged from your record? Yes _____ No _____

If yes, describe: _____

In the last seven (7) years have you sold or furnished drugs or narcotics to anyone illegally? Yes _____ No _____

If yes, describe: _____

In the last seven (7) years have you been named a defendant in a civil lawsuit, in Michigan or elsewhere?

Yes _____ No _____

If yes, what was the nature of the lawsuit? _____

When and where was the lawsuit filed? _____



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What was the outcome of the lawsuit? _____

Have you ever been bonded? Yes _____ No _____

If yes, describe: _____

Have you ever been refused bond? Yes _____ No _____

If yes, describe: _____

Have you ever been the subject of any personal protection order or restraining order, either in Michigan or in any other state? Yes _____ No _____

If yes, describe: _____

Financial Obligations

Have you defaulted on any loan in the past seven (7) years? Yes _____ No _____

If yes, describe: _____

Miscellaneous Information

Are you aware of any factor that would prevent you from fulfilling the duties of a member of the City of South Lyon Fire Department? Yes _____ No _____

If yes, explain: _____

Do you have a valid Driver's License? Yes _____ No _____ Valid CDL? Yes _____ No _____

List all vehicles you own or lease. Include make, model, and license plate number:

- _____
- _____
- _____
- _____
- _____



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APPLICANT'S STATEMENT

PLEASE READ THIS INFORMATION CAREFULLY AND INSURE THAT YOU UNDERSTAND IT IN ITS ENTIRETY 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 the South Lyon Fire Department 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 twelve (12) months from the date signed below. Should I wish to be considered for employment by the South Lyon Fire Department 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 the South Lyon Fire Department 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 the South Lyon Fire Department to release to them any information they have regarding me without providing written notice to me.

I authorize the South Lyon Fire Department 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 the South Lyon Fire Department from any liability in connection with such use or disclosure.

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

If I am hired by the South Lyon Fire Department, 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 the South Lyon Fire Department 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 the South Lyon Fire Department or any verbal statement to the contrary.

I agree and understand that any employment offer is **conditional** upon the results of a post-offer medical examination which may include psychological, drug and alcohol tests.

I agree not to commence any action or claim relating to my employment with the South Lyon Fire Department 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: _____

Date: _____



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RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize any representative of the South Lyon Fire Department bearing this release document, to obtain information from my files or other sources pertaining to my personal background including, but not limited to, criminal history, previous and current employer(s) employment records including disciplinary reports, academic achievement, attendance, personal history, disciplinary actions, 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 use only by the South Lyon Fire Department.

Consent is granted for the South Lyon Fire Department to furnish such information, as described above, to third parties in the course of the South Lyon 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 any 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 Name	Middle	
<hr/>			

Address	City	State	Zip
<hr/>			

Social Security Number	Date of Birth	Driver's License Number
<hr/>		

Signature: _____ Date: _____

For Fire Cadet Applicants (16 & 17 years old)

Parent or Legal Guardian:

Signature: _____ Date: _____