



SOUTH LYON FIRE DEPARTMENT

2017 Fire Chief - Application for Employment

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. Please mail or hand-deliver this application to the South Lyon Fire Department, 217 Whipple Street, South Lyon, MI 48178 Attn: Fire Chief.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

E-mail address _____ Social Security Number _____

Emergency Contact _____ Address _____

City _____ State _____ Zip _____ Phone number _____

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 date would you be available to start? _____ What hours are you available? _____

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

Have you ever been convicted of anything other than a minor traffic violation? Yes _____ No _____

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

If you answered **yes** to either of the last two questions, please provide dates, places, charges & disposition of all convictions:



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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 _____

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

Duties / Responsibilities _____

Reason for leaving _____



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THIRD MOST RECENT EMPLOYER

Company name	Location	Website	Phone #
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Name of Direct Supervisor	Title	Phone#	E-mail
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Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
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Is your current employer aware you have applied for this position? Yes _____ No _____ N/A – Self employed _____

Duties / Responsibilities _____

Reason for leaving _____

FOURTH MOST RECENT EMPLOYER

Company name	Location	Website	Phone #
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Name of Direct Supervisor	Title	Phone#	E-mail
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Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY
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Is your current employer aware you have applied for this position? Yes _____ No _____ N/A – Self employed _____

Duties / Responsibilities _____

Reason for leaving _____

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

If yes, please explain: _____



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GENERAL

School Name

Number of Years Completed

Course of Study

Diploma/Degree

High School _____

College/University _____

Vocational/Trade _____

Graduate School _____

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 an other name, please note.

Name

Email

Phone Number

Years known

1. _____

2. _____

3. _____



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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, 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 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

Address

City

State

Zip

Social Security Number

Date of Birth

Driver's License Number

Signature: _____

Date: _____