**Employment Application**

# Milford Township Fire Department

## Applicant Information

**Full Name:** _____ _____  **Date:** _____

*Last*                                    *First*                                     *M.I.*

**Address:** _____

*Street Address*                                                          *Apartment/Unit #*

_____

*City*                                                      *State*        *ZIP Code*

**Primary Phone:** ( )                          **E-mail Address:** _____

**Social Security No:** _____          **Drivers License #:** _____

**Position Applied for:** *PAID ON CALL FIREFIGHTER-MILFORD TOWNSHIP*

|  | YES | NO |  | YES | NO |
|---|---|---|---|---|---|
| **Are you a citizen of the United States?** | ☐ | ☐ | If no, are you authorized to work in the U.S? | ☐ | ☐ |

| | YES | NO | |
|---|---|---|---|
| **Have you ever worked for the Milford Township Fire Department?** | ☐ | ☐ | If yes, when? _____ |
| **Have you ever been convicted of a felony?** | ☐ | ☐ | |

**If yes, explain:** _____

MTFD has boundary restrictions for POC FFs.

**If you live more than 1 mile outside the boundary, are you willing to move?** YES    NO    N/A

## Education

| **High School:** | _____ | City/State: | _____ | | |
|---|---|---|---|---|---|
| From: _____ | To: _____ | Did you graduate? | YES ☐  NO ☐ | _____ | |

| **College:** | _____ | City/State: | _____ | | |
|---|---|---|---|---|---|
| From: _____ | To: _____ | Did you graduate? | YES ☐  NO ☐ | Degree: | _____ |

| **Other:** | _____ | City/State: | _____ | | |
|---|---|---|---|---|---|
| From: _____ | To: _____ | Did you graduate? | YES ☐  NO ☐ | Degree: | _____ |

## References

*Please list three professional references*

**Full Name:** _____          Relationship: _____

Company: _____                **Phone:** ( )

**Full Name:** _____          Relationship: _____

Company: _____                **Phone:** ( )

**Full Name:** _____          Relationship: _____

Company: _____                **Phone:** ( )

## Experience

**Do you have any of the following qualifications?  FFI  FFII  EMT  EMT-P      EMT LICENSE EXPIRATION DATE:**

**Other** _____

## Previous Employment

**Company:** _____ Phone: **(** _____ **)** _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?  YES ☐  NO ☐ _____

**Company:** _____ Phone: **(** _____ **)** _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?  YES ☐  NO ☐ _____

**Company:** _____ Phone: **(** _____ **)** _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: **$** _____ Ending Salary: **$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?  YES ☐  NO ☐ _____

## Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

## Disclaimer and Signature

_I certify that my answers are true and complete to the best of my knowledge._

_If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release._

Signature: _____ Date: _____

# Applicant Release Form

I, _____,presently residing at: _____

_____
hereby apply for membership/employment with the Milford Township Fire Department.  I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment.   I realize that, in conducting this background investigation, representative will be making inquiries of the following personal institutions:  Official/Record Offices at schools which I have attended ; Physicians and/or other persons who may have examined and/or treated me for any physical exams; other persons who may have examined and/or treated my for any physical exams or other type illness/injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/or firms who may have information regarding my credit history; employment history and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release it to the Department.   I hereby waive any privilege or right which might otherwise forbid any physician, or other person who has attended to me or any other school, official, court, policy agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me.  I further consent that the Chief of the Department or his/her representative be provided with a copy of any such records concerning me, which they may desire.

I hereby give consent to the Department or it's designee to perform a test of my blood and/or urine to determine my possible usage of prohibited substances .

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained there from.


_____        _____
Signature of Applicant                                                        Date