

OXFORD FIRE DEPARTMENT

AN EQUAL OPPORTUNITY EMPLOYER EMPLOYMENT APPLICATION

THE OXFORD FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, MARITAL STATUS, OR VETERAN STATUS.

INSTRUCTIONS:

PLEASE FURNISH COMPLETE AND ACCURATE INFORMATION. APPLICATIONS WILL BE VERIFIED. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED. BE SURE TO SIGN THE APPLICATION AFTER READING THE STATEMENT AT THE END OF THIS APPLICATION FORM. IN ADDITION TO COMPLETING THIS FORM, YOU MAY ATTACH A RESUME DETAILING YOUR PROFESSIONAL AND EDUCATIONAL BACKGROUND.

POSITION APPLIED FOR _____

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NO.

ADDRESS: _____
(NUMBER) (STREET) (APT)

HOME TELEPHONE NO.

(CITY) (STATE) (ZIP)

WORK TELEPHONE NO.

EMAIL ADDRESS: _____

OTHER NAME(S) UNDER WHICH YOU ATTENDED SCHOOL OR WERE EMPLOYED:

AGE: ARE YOU OVER 18? Yes _____ No _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED WITH THE DEPARTMENT: YES _____
NO _____, IF YES, PLEASE LIST

NOTE: FIRE DEPARTMENT APPLICANTS MUST HAVE AND MAINTAIN A GOOD DRIVING RECORD,
PLEASE COMPLETE THE FOLLOWING:

DO YOU POSSESS A VALID MICHIGAN DRIVER'S LICENSE? YES _____ NO _____

MICHIGAN DRIVER'S LICENSE NUMBER: _____

(DRIVING RECORD WILL BE VERIFIED FOR THOSE POSITIONS REQUIRING OPERATING
DEPARTMENT VEHICLES)

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS AS SPECIFIED IN THE VACANCY
ANNOUNCEMENT FOR THE POSITION YOU ARE APPLYING FOR? YES _____ NO _____. IF NO, PLEASE
EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCLUDING MINOR TRAFFIC CHARGES, WHICH HAS NOT BEEN ANNULLED OR EXPUNGED OR SEALED BY A COURT? YES _____ NO _____. IF YES, EXPLAIN FULLY, INCLUDING DATES, NATURE OF THE OFFENSE AND DISPOSITION _____

NOTE: RESPONSES TO THIS QUESTION WILL BE VERIFIED, SOME POSITIONS REQUIRE A CRIMINAL RECORDS CHECK THROUGH THE FBI, CONVICTION OF A CRIME WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____

ARE YOU A UNITED STATES CITIZEN, OR, IF NOT, DO YOU HAVE A LEGAL RIGHT TO REMAIN PERMANENTLY IN THE U. S.? YES _____ NO _____

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES _____ NO _____ IF YES, COMPLETE THE FOLLOWING:

DATES: FROM _____ TO _____ RANK AT SEPARATION _____

BRANCH OF SERVICE _____ HIGHEST RANK HELD _____

TYPE OF DISCHARGE _____

ARE YOU NOW DEPENDENT UPON OR A HABITUAL USER OF ANY ADDICTIVE OR HALLUCINOGENIC DRUG INCLUDING, BUT NOT LIMITED TO, AMPHETAMINES, BARBITURATES, HEROIN, MORPHINE, COCAINE, Mescaline, LSD, STP, HASHISH, MARIJUANA, METHADONE OTHER THAN FOR MEDICAL TREATMENT UNDER THE SUPERVISION OF A LICENSED PHYSICIAN? YES _____ NO _____ IF YES, PLEASE EXPLAIN FULLY _____

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	CITY/STATE	GRADUATE YES/NO	IF NOT, LAST GRADE	DEGREE/ CREDIT
HIGH SCHOOL	_____	_____	_____	_____	_____

COLLEGE _____

COLLEGE _____

OTHER _____

PLEASE LIST ANY HONORS OR AWARDS OR SPECIAL ACTIVITIES WHILE IN SCHOOL: _____

EMPLOYMENT BACKGROUND

PLEASE LIST PERIODS OF EMPLOYMENT IN SEQUENCE BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION:

CURRENT OR MOST RECENT

FROM ___/___/___
MO YR

POSITION _____ **CURRENT BASE PAY \$** _____ **PER** _____

EMPLOYER _____ **AVG HRS WORKED PER WEEK** _____

ADDRESS _____ **CITY** _____ **STATE** _____

BRIEFLY DESCRIBE DUTIES _____

TO ___/___/___
MO YR

SUPERVISOR _____ **TELEPHONE** _____

REASON FOR LEAVING _____

NEXT PREVIOUS

POSITION
FROM ___/___/___
MO YR

POSITION _____ **CURRENT BASE PAY \$** _____ **PER** _____

EMPLOYER _____ **AVG HRS WORKED PER WEEK** _____

ADDRESS _____ **CITY** _____ **STATE** _____

BRIEFLY DESCRIBE DUTIES _____

TO ___/___/___
MO YR

SUPERVISOR _____ **TELEPHONE** _____

REASON FOR LEAVING _____

NEXT PREVIOUS

POSITION
FROM ___/___/___
MO YR

POSITION _____ **CURRENT BASE PAY \$** _____ **PER** _____

EMPLOYER _____ **AVG HRS WORKED PER WEEK** _____

ADDRESS _____ **CITY** _____ **STATE** _____

BRIEFLY DESCRIBE DUTIES _____

TO ___/___/___
MO YR

SUPERVISOR _____ **TELEPHONE** _____

REASON FOR LEAVING _____

NEXT PREVIOUS

POSITION
FROM ___/___/___
MO YR

POSITION _____ **CURRENT BASE PAY \$** _____ **PER** _____

EMPLOYER _____ **AVG HRS WORKED PER WEEK** _____

ADDRESS _____ **CITY** _____ **STATE** _____

BRIEFLY DESCRIBE DUTIES _____

TO ___/___/___
MO YR

SUPERVISOR _____ **TELEPHONE** _____

REASON FOR LEAVING _____

OTHER INFORMATION

WHY ARE YOU INTERESTED IN EMPLOYMENT WITH THE OXFORD FIRE DEPARTMENT?

WHAT DO YOU FEEL TO BE YOUR GREATEST QUALIFICATION? _____

PERSONAL/PROFESSIONAL REFERENCES

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THREE PERSONS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTERISTICS. DO NOT INCLUDE EMPLOYERS OR RELATIVES.

NAME _____ **OCCUPATION** _____

ADDRESS _____ **CITY/STATE** _____ **PHONE** _____

NAME _____ **OCCUPATION** _____

ADDRESS _____ **CITY/STATE** _____ **PHONE** _____

NAME _____ **OCCUPATION** _____

ADDRESS _____ **CITY/STATE** _____ **PHONE** _____

CERTIFICATION
IMPORTANT – READ THE FOLLOWING CAREFULLY BEFORE SIGNING

1. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION AND ATTACHMENTS HERETO IS TRUE, COMPLETE AND ACCURATE. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FURNISHING OF FALSE OR MISLEADING INFORMATION WILL RESULT IN REJECTION FROM ANY FURTHER CONSIDERATION FOR EMPLOYMENT OR, IF EMPLOYED, BE GROUNDS FOR DISMISSAL FROM EMPLOYMENT.
2. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONAL UPON THE RESULTS OF AN APPROVED PHYSICAL AGILITY TEST, AND A PHYSICAL EXAMINATION, CONDUCTED BY A PHYSICIAN SELECTED BY THE FIRE DEPARTMENT.
3. I AUTHORIZE THE FIRE DEPARTMENT TO VERIFY AND INVESTIGATE ALL INFORMATION PROVIDED IN THIS APPLICATION AND FURTHER AUTHORIZE THOSE PERSONS AND ORGANIZATIONS NAMED THEREIN TO RELEASE INFORMATION REGARDING ME, THAT THEY MAY FULLY RESPOND TO ALL INQUIRIES CONCERNING ME AND, SPECIFICALLY, I WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF MY PERSONAL RECORD INFORMATION, INCLUDING ANY DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER DISCIPLINARY ACTION. I ALSO AUTHORIZE EDUCATIONAL INSTITUTIONS TO RELEASE INFORMATION RELATIVE TO CLAIMED DEGREES AND ACHIEVEMENTS. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION FOR EMPLOYMENT BY THE OXFORD FIRE DEPARTMENT, I HEREBY RELEASE THE DEPARTMENT, CURRENT AND PAST EMPLOYERS, EDUCATIONAL INSTITUTIONS, HEALTH CARE PROFESSIONALS AND INSTITUTIONS AND ANY OTHER PARTIES NAMED HEREIN FROM ANY AND ALL CLAIMED LIABILITY ARISING OUT OF ANY SUCH RESPONSES AND DISCLOSURES.
4. I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS FOR EMPLOYMENT OF INDEFINITE DURATION TERMINABLE AT WILL AT ANY TIME FOR ANY REASON BY MYSELF OR BY THE OXFORD FIRE DEPARTMENT. FURTHER, I UNDERSTAND THAT NO SUPERVISOR, EMPLOYEE OR ANY OTHER INDIVIDUAL OR GROUP OF INDIVIDUALS HAS THE AUTHORITY TO MAKE ANY AGREEMENT ORAL, WRITTEN OR IMPLIED OR ANY OTHER REPRESENTATION CONTRARY TO THIS.

APPLICANTS SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE
FOR OXFORD FIRE DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED _____

REVIEWED: APPLICATION ACCEPTED _____

APPLICATION REJECTED _____ STATE REASON(S) _____

CRIMINAL BACKGROUND CHECK DATE _____

DRIVER'S RECORD CHECKED _____

DATE OF AGILITY TEST _____

DATE OF PHYSICAL _____

ORIENTATION DATE: _____

DATE EQUIPMENT ISSUED _____