

Rochester Fire Department
277 East Second Street
Rochester, MI 48307
248-651-4470

APPLICATION FOR ROCHESTER VOLUNTEER FIRE DEPARTMENT

NAME _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER: _____

PRESENT ADDRESS _____ CITY _____ ZIP _____

TELEPHONE HOME _____ WORK: _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS: _____

MARITAL STATUS: SINGLE: _____ MARRIED: _____

WHAT TIME OF DAY WOULD YOU BE AVAILABLE FOR FIRE FIGHTING?

DAY: _____ NIGHT: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

OTHER CLASSES, SKILLS OR QUALIFICATIONS RELATED TO FIRE SERVICE:

EMPLOYMENT HISTORY:

1: PLACE OF EMPLOYMENT: _____

ADDRESS _____

TITLE: _____ HOW LONG? _____

2: PREVIOUS PLACE OF EMPLOYMENT: _____

REASON FOR LEAVING _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY:

YES

NO

IF YES, PLEASE EXPLAIN: _____

PERSONAL REFERENCES :

1 .NAME : _____ ADDRESS : _____ TX . _____

2 .NAME : _____ ADDRESS : _____ TX . _____

3 .NAME : _____ ADDRESS : _____ TX . _____

DATE : _____

TO WHOM IT MAY CONCERN :

I HEREBY AUTHORIZE RELEASE OF CONFIDENTIAL INFORMATION TO THE ROCHESTER FIRE DEPARTMENT TO BE USED IN CONJUNCTION WITH MY APPLICATION FOR EMPLOYMENT WITH THE ROCHESTER FIRE DEPARTMENT.

SIGNED : _____

CRIME WARRANT CHECK :

DATE : _____

BY : _____

DRIVERS RECORD CHECK :

DATE : _____

BY : _____

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I ALSO UNDERSTAND THAT A FALSE STATEMENT OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR CANCELLATION OF MY APPLICATION OR DISMISSAL AFTER APPOINTMENT.

DATE : _____ SIGNATURE : _____

(SIGN FULL NAME DO NOT PRINT)

STANDING COMMITTEE :

DATE : _____