



SURREY TOWNSHIP FIRE DEPARTMENT

185 North Superior ~ P.O. Bqx 506 ~ Farwell, Mi 48622

(989) 588-6914 ~ (989) 588-6364 Fax

APPLICATION



Name _____ DOB _____ Blood Type _____

Home Address _____ City _____ Zip _____

Home Ph# _____ Work Ph# _____ Other Ph# _____

Present Employer _____ Phone# _____

Would your employer let you leave work for a serious fire? Yes [] No []

SS# _____ DL# _____ Endorsement type _____

DL exp date _____ Current point(s) _____

List any driving violations you have had in the last 5 years _____

Have you ever been charged/convicted with a felony or misdemeanor? Yes [] No []

If yes, please explain: _____

Education: circle highest level achieved 1 2 3 4 5 6 7 8 9 10 11 12 - college 1 2 3 4

Fire / Medical training achieved _____

Marital status: single [] married [] divorced []

Spouse's name _____ No. of Dependents _____

Are you taking any medication? Yes [] No [] If yes, explain _____

Are you currently under a Doctor's care? Yes [] No [] If yes, explain _____

Is there any other medical information the Fire Dept. should know? Yes [] No []

(i.e. allergies, asthma, heart conditions, etc.)

If yes, explain _____

Emergency Contact

Name _____ Relationship _____

Address _____ Phone# _____

Are there any limitations that may prevent you from performing some of the assignments? Yes [] No []
(i.e. climbing, carrying, breathing in a mask, seeing, etc.)

If yes, explain _____

Do you have any problems with a confined space, heights, or weight lifting restrictions? If yes, explain.

Joining will mean certain training will be required by Michigan Laws, and Department rules and regulations. You will have 24 months from your hire date to have the minimum of Fire Fighter I training. Failure to comply with this requirement will result in termination.

I certify that all answers to the above questions are true and complete to the best of my knowledge, and I agree and understand that any misstatement of material facts contained in this questionnaire may cause forfeiture upon my part of all rights to any employment in the service of the **Surrey Township Fire Department**.

Signature _____ Date _____

**** EMPLOYMENT CONTINGENT UPON A MEDICALLY APPROVED PHYSICAL EXAMINATION ****

OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPLICATION REVIEWED _____

APPROVED Yes [] No []

REASONS _____

NOTES / RESTRICTIONS _____

DECISION BY _____

DATE _____ HIRE DATE _____