



Application for Employment

BRIGHTON AREA FIRE AUTHORITY

615 W. Grand River Ave., Brighton, MI 48116

Ph: 810-229-6640 Fax: 810-229-1619

www.brightonareafire.com

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.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell # _____ Work # _____

E-mail address _____

Emergency Contact _____ Address _____

City _____ State _____ Zip _____ Phone number _____

Position(s) applied for: Paid-on-call Firefighter Jr. Cadet Firefighter Liv Cty DART Other _____
(Volunteer) (Volunteer) Position

How did you hear about us?

Advertisement Friend Relative Website Walk-in Other _____
Please describe

Referral by current member (provide name of individual) _____

Have you ever filed an application with us before? Yes No (If yes, give approximate date) _____

Have you ever been employed with us before? Yes No (If yes, give dates) _____

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

License number _____ Expiration _____ State _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If you answered **yes** to the above question, please provide dates, places and disposition of conviction:

"The Brighton Area Fire Authority will consider the date and nature of conviction when making a hiring decision."

EMPLOYMENT HISTORY

Note: 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. List additional employers on a separate sheet, if necessary. You may exclude any organizations which indicates race, color, religion, gender, national origin, disabilities or other protected status.

MOST RECENT EMPLOYER

Company name / Location / Website / Phone No.

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

Company name / Location / Website / Phone No.

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 _____

EMPLOMENT HISTORY - continued

THIRD	Company name / Location / Website / Phone No.		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Self employed			
Duties / Responsibilities _____ _____ _____ _____			
Reason for leaving _____ _____			
FOURTH	Company name / Location / Website / Phone No.		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Self employed			
Duties / Responsibilities _____ _____ _____ _____			
Reason for leaving _____ _____			
Have you ever been dismissed or asked to resign from any employment position? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____ _____ _____			

EDUCATION

	Name & Location of School	Number of Years Completed	Course of Study	Diploma/Degree Earned
High School				
College/ University				
Vocational/Trade Graduate School				
Other (specify)				

GENERAL

Describe any specialized training, apprenticeship, skills, certifications and/or extra curricular activities that you feel may be beneficial to this department or help qualify you for the position applied for.

REFERENCES

Please list three persons 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 another name, please note.

Name	Address	Phone No.	Business	Years known

COMMUNITY SERVICE / PERSONAL ACHIEVEMENTS

COMMUNITY SERVICE / PERSONAL ACHIEVEMENTS				
VOLUNTEER EXPERIENCE	Organization Name	Address / City / State / Zip / Website		
Your Position / Title		From: MM - YYYY	To: MM - YYYY	Hours / Month
Duties / Responsibilities				
Contact Person / Title		Phone No. ()	E-mail	
VOLUNTEER EXPERIENCE	Organization Name	Address / City / State / Zip / Website		
Your Position / Title		From: MM - YYYY	To: MM - YYYY	Hours / Month
Duties / Responsibilities				
Contact Person / Title		Phone No. ()	E-mail	
VOLUNTEER EXPERIENCE	Organization Name	Address / City / State / Zip / Website		
Your Position / Title		From: MM - YYYY	To: MM - YYYY	Hours / Month
Duties / Responsibilities				
Contact Person / Title		Phone No. ()	E-mail	
If applicable, please list any outstanding achievements (can be through athletic, academic and/or volunteer experiences).				

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 Brighton Area Fire Authority 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 Brighton Area Fire Authority 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 Brighton Area Fire Authority 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 Brighton Area Fire Authority to release to them any information they have regarding me without providing written notice to me.

I authorize the Brighton Area Fire Authority 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 Brighton Area Fire Authority from any liability in connection with such use or disclosure.

If I am hired by the Brighton Area Fire Authority, I understand and agree that I will be bound by the rules, regulations, policies, procedures and other terms and conditions of employment of the Brighton Area Fire Authority as they are from time to time changed, with or without notice to me.

If I am hired by the Brighton Area Fire Authority, 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 Brighton Area Fire Authority 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 Brighton Area Fire Authority 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 Brighton Area Fire Authority 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 of Applicant

Date

RELEASE OF INFORMATION

To whom it may concern:

I hereby authorize any representative of the Brighton Area Fire Authority bearing this release document, to obtain information from my files or other sources pertaining to my personal background including, but not limited to, 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 Brighton Area Fire Authority.

Consent is granted for the Brighton Area Fire Authority to furnish such information, as described above, to third parties in the course of the Brighton Area Fire Authority 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
Telephone Number	Cell Phone Number		Social Security Number
Date of Birth	State/Driver's License Number		
Signature		Date of Signature	

FOR INTER-DEPARTMENTAL USE ONLY

Application Approved?

Yes

No

Signature of approver (Human Resources): _____

Background complete:

Approved

Not approved

Reason for disapproval: _____

Completed by: _____

Arrange 1st Oral Interview with committee?

Yes

No

Date and time oral interview scheduled for: _____

Signature of interviewer(s): _____

Pass / Fail _____

Remarks: _____

Arrange 2nd Oral Interview with Chief Officer?

Yes

No

Date and time 2nd interview scheduled for: _____

Signature of interviewer(s): _____

Pass / Fail _____

Remarks: _____

Physical Agility Test Scheduled

Yes

No

Date and time of agility test: _____

In-house: _____ Conference for Western Wayne: _____

Pass / Fail _____ *(verified through test results)*

Remarks: _____

Competency Test Scheduled

Yes

No

Date and time of competency test: _____

Pass / Fail _____ *(verified through test results)*

Remarks: _____

New Hire Physical Scheduled

Yes

No

Date and time of new hire physical: _____

Pass / Fail _____ *(verified through test results)*

Remarks: _____

Approved for Hire

Yes

No

Approved by: _____ (Human Resources) Hire date: _____

Station assignment: _____ Training Sergeant assignment: _____

Position / Title: _____ Starting rate of pay: _____