



# Lyon Township Fire Department

## Employment Application

### 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-LYON TOWNSHIP

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

Have you ever worked for the Lyon Township Fire Department? YES NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

LTFD 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 Lyon 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, representatives 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 me 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 its 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